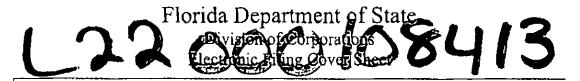
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Division of Corporations

Fax Number : (850)617-6383

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2022 HAY

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (954)791-2100 Fax Number : (954)583-4117

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YOGESHWARAY LLC

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Help

H22000161017

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yogeshwaray LLC	
(Name of the Hinted Linhility Compan (A Florida Limited Li	y as it now agreement on our records:)
The second of th	**************************************
The Articles of Organization for this Limited Liability Company	were filed on March 16, 2022 and assigned
Florida document number L22000108413	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lify company here:
Ar a special grant of state and the state an	net company, accept
The new name must be distinguishable and end with the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation
"L.L.C."	•
Enter new principal offices address, if applicable:	3119 County Road 136
(Principal office address MUST BE A STREET ADDRESS)	White Springs, FL
	32096
	• • • •
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFRICE BOX).	
<u>.</u>	The second secon
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Togethered agent man overto new registeries and the man to and	2022 MA)
Name of New Registered Agent:	A A
New Registered Office Address:	Enter Florida street address
	# 5 %
<del></del>	City Zip Code
New Registered Agenil's Signature, if thenging Registered Agent;	· ' N
The state of the s	:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Stenniuro of New Registered Agent

Page 1 of 3

## H22000161017

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

Title	Name	Address	Type of Action
	<del></del>	1. W. W. W. W.	Type of Action
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Page 2 of 3

H22000161017

amending any othe	r information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
May 03	2022
.—	Steason of a member of a power find an account
MICHAE	L.M. WALLACK, ESQ.
	Typed or printed name of signce

Filing Fee: \$25.00