

L22 000 116 277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

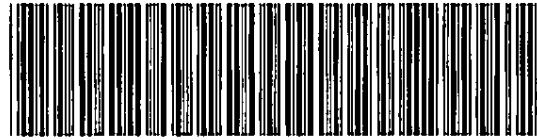
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A. RIVERS

FEB 22 2023



800397024618

2023 FEB 15 10:00 AM

FILED
2023 FEB 15 PM 12:44
STATE OF CALIFORNIA
CLERK OF SUPERIOR COURT

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2023

RON BENHAIM
2091 NE 191ST DRIVE
MIAMI, FL 33179

SUBJECT: YOURBIZ SITE LLC
Ref. Number: L22000116277

We have received your document for YOURBIZ SITE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

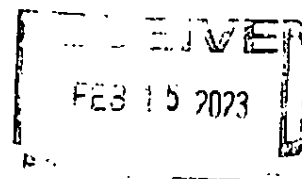
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 923A00001957



FILED
2023 FEB 15 PM 12:44
SUNBIZ

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: YOURBIZ SITE

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

RON BENHAIM

Name of Person

YOURBIZ SITE

Firm/Company

2091NE 191ST DRIVE

Address

MIAMI FL 33179

City/State and Zip Code

BENHAIMRON@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RON BENHAIM

917 287 6552
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32310

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

YOURBIZ SITE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/07/2022 and assigned
Florida document number 1.22000116277.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

YOURBIZ SITE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 605, 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.

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

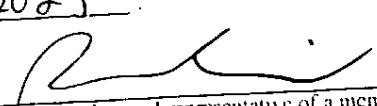
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I would like to change the name of my company from YOURBIZ SITE to YOURBIZ.SITE
adding the DOT before the word site.

E. Effective date, if other than the date of filing: Upon receiving (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated February 7th 2023



Signature of a member or authorized representative of a member