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SECRETARY OF STATE

Y. SCOTT JUN 2 1 2022 TO: Registration Section Division of Corporations YARIE COOKS ACADEMY LLC SUBJECT: 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: Yaritza D Castro Name of Person Yarie Cooks Academy LLC Firm/Company 5032 Millenia Palms Dr. Apt 5109 Address Orlando, FL 32839 City/State and Zip Code yariecooksacademy@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 321 295-6530 Yaritza D Castro Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. **\$25.00** Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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 32303

## TO ARTICLES OF ORGANIZATION OF

YARIE COOKS ACADEMY LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number	cles of Organization for this Limited Liability Company were filed on     03/29/2022	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		22 APR 29
Enter new mailing address, if applicable:		SSE PH
(Mailing address MAY BE A POST OFFICE BOX)		3: 09 STATE E. FL
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Pt.	ta.
<del></del>	, Flor	ida 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.

If Changing Registered Agent, Signature of New Registered Agent

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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