# 8898100061

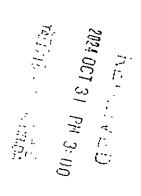
<del></del> -	(Requestor's Name)	
·		
	(Address)	
<del> </del>	(Address)	<del></del>
	(City/State/Zip/Phone #)	<u></u>
PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	tatus
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



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2024 OCT 31 PM 3: 47
SECRETARY OF STATE
AND AREA OF STATE



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222

YHWH Rentals	LLC	<del></del> ,
Please Debit FCA	000000003 For: 30	
Thank you Seth ?	Neelev	
1-4-	/	
- Holy		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		An, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
,		Officer Search
1		Fictitious Search
Signature	<i></i>	Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
	<del></del>	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

#### **COVER LETTER**

Division of Co	rporations		
SUBJECT: Y	IWH Rentals	ited Liability Company	, <del>, , , , , , , , , , , , , , , , , , </del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Maurice Rok	oinson Tarch	nelle Washington
	Firm of To	Robinson Craig	4 Rogers
	941 S Ora	nge Blossom	Trail
	Apopka F	1 32703 City/State and Zip Code	
	Mrobinsc Final address:	to be used for further annual report not	ification)
For further information of	concerning this matter, please or	ntl:	ſ
Tarchelle W	lashing ton	at ( <u>407</u> ) <u>844 -</u> Area Code Daytim	3504 Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

TO:

Registration Section

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

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

YHWIH Rentals L (Name of the Limited Liability Compa (A Florida Limited L	LLC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22 000 186988</u>	were filed on $\frac{4/19/22}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
N/A	
The new name must be distinguishable and contain the words "Limited Liabil	fity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	2024 TALL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A FILED
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 ne
·	ce Robinson
New Registered Office Address: 94 S C	Vange Blosson Trail Enter Florida street address
Apo	Florida 32703 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. Thereby confirm that the limited liability company has been notified in writing of this change.

> 181 If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
Mgr	DC Santiago	14-600 S Military Trail F-	<mark>I </mark> ★Add
J		14-600 S Military Trail F- Delray, FL 33484	□ Remove
			□ Change
			Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change

	NA
<del></del>	
	···
Note: If t	date, if other than the date of filing: October 30, 2024 (optional) we 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated	October 31 . 2024.
	Signature of a member stranshorized representative of a member
	Tricia Homenuk  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00