## Laa000311765

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## **COVER LETTER**

Division of Corp	porations		
SUBJECT: MOU	Austria Co	Ulins LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	marquist	Name of Person	
		Firm/Company	<del></del>
	20447 Be	nywood lane	2
	Tampa F  Dù Callir  E-mail address: 11	City/State and Zip Code  Samuel - L  o be used for futbac annual report notif	ication)
For further information co	oncerning this matter, please ca	11:	
Maria of Name of	ria Callins	at (813) 804 Area Code Daytime	OSO9 Telephone Number
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee	D-\$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:

And the second

Registration Section

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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marquishia Ca	uins Ilc	
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our recor Limited Liability Company)	<u>as.</u> )
The Articles of Organization for this Limited Liability C Florida document number <u>LAAOOO3117</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
New Yue Cap	ital LLC	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	(ESS)	
	<del></del>	7023
		HA?
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		(iii)
		· · · · ·
		52
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	
Name of New Registered Agent:		
New Registered Office Address:		
_	Enter Florida street addre	255
		lorida
	Ciţv	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

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 =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			□Remove
			□Remove
			□Add
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			□Remove
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Effective date, if other than the date of filing:		(optional	1)	
(If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the	pplicable statutory filing rec	han 90 days after filin quirements, this dat	g.) Pursuant to 60 te will not be lis	(3) (5.0207 (3) ted as the
document's effective date on the Department of State's re	ords.			
the record specifies a delayed effective date, but not an effective date.	ive time, at 12:01 a.m. on th	ne earlier of: (b) T	The 90th day aft	er the
cord is filed.				
Dated April 26 20	<u> 3                                    </u>			
Signature of a member of	authorized representative of a	member		
haring				
TYLLYCOLDIO	-aci o			

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

Filing Fee: \$25.00