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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RASI

Account Number : 120220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

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

	Address:			
LINGLE	MUUI E33.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN $z_{\rm c}$ YELLOW APPLE, LLC

Certificate of Status	0
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New Registered Agent's Signature, if changing Registered Agent;

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

YELLOW APPLE, LLC		
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our re lability Company)	cords.)
The Articles of Organization for this Limited Liability Company	were filed on09/12/2022	and assigned
Florida document number 1.22000392814		<u>-</u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L L.C."
inter 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)		
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	fice address on our rec :	ords. <u>enter the name of the</u>
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		2023
	EnterFloridastreetad	dress 5
		F: :: 1 ~
	City	Florida ZipCode

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.

OccuSign Envelope ID: AFA36A6F-D394-4F9C-AC89-D5376558B066
trainending Authorized rerson(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>	Name	Address	Type of Action
AMBR	EFRAT FELDMAN	5034 BREEZY ACRES ST	
		WINTER GARDEN, FL 34787	■ Remove
			🗀 Change
AMBR	POMEGRANATE STAR LIMITED PAI	RTNERSHIP 5034 BREEZY ACRES ST	∃ Add
		WINTER GARDEN, FL 34787	Remove
			□ Change
		·	
			□ Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
			□ Changar

	Page: 5 of 5	2023-04-06 07.47;48 CDT	Lexitas	From: Carol Pano
DocuSign (Envelope ID: AFA36A6F-D394-4F9C- amenong any oner into ma	AC89-D537655BB066 non, emer changers) here: (Attach acid)	tional sheets, if necessary)	
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E. En	fective date, if other than the	date of filing:	(optional)	
(lf u No	n effective date is listed, the date must ster. If the date inserted in this blo	be specific and cannot be prior to date of filing or seek does not meet the applicable statutory fil	more than 90 days after filing.) Pursuant to ing requirements, this date will not be	o 605.0207 (3)(b) e. listed as the
do	cument's effective date on the De	partment of State's records.	ing requirements, it is take or it for the	C HAVEO RA OTC
	record specifies a delayed The 90th day after the reco	effective date, but not an effective ord is filed.	time, at 12:01 a.m. on the e	earlier of:
Da	April 05	2023		
	Docusionari by	 ,		
	- Garden dans	Signature of a member or authorized representati	ve of a member	
		or a manner of additional representati		
	Efrat Feldman	7. T. T. T. C.		_
		Typed or printed name of signee		