L2200456595

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900428670789

64, 25, 14 | 51, 15 | <u>11 | #113, 71</u>



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:		in It in the Comment				
	Name of Lin	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	ERICA Y LIN					
	-	Name of Person				
	 	Firm/Company				
	9475 SAMUELSON CT					
		Address				
	ORLANDO, FL 32827					
	City/State and Zip Code					
	lin.ericay@gmail.com					
		to be used for future annual report no	otification)			
For further information c	oncerning this matter, please c	all:				
ERICA Y LIN		(407) 907-7446 at ()				
Name of Person		at () Area Code Dayti	me Telephone Number			
Enclosed is a check for the	ne 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 Addres		Street Address:				
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration S Division of Co				
		The Centre of	The Centre of Tallahassee			
		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EYPA LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 10/24/2022	and assigned
Plorida document number L22000456585	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE.	(5.5)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		·
New Registered Office Address:		
rew registered Office Address.	Enter Florida street address	
	, Flori	∵ da
	, F1011	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ERICA LIN-CARTER	9475 SAMUELSON CT	
		orlando, fl. 32827	Remove
MGR ERICA Y LIN	ERICA Y LIN	9475 SAMUELSON CT	≣ Add
		ORLANDO, FL 32827	□Remove
			□Change
			Remove
		Change	
		□Add	
		□ Remove	
			Change
	.	□Add	
		□Remove	
			□Change
			□Add
			□Remove
			□Change

-	
-	
•	
-	
-	
-	
	
-	
•	
-	
-	
Note:	ive date, if other than the date of filing: [cetive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e recoi rd is fi	rd 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 led.
Dated	APril 19 2024
	/ / 11
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00