

L22 0000 494 290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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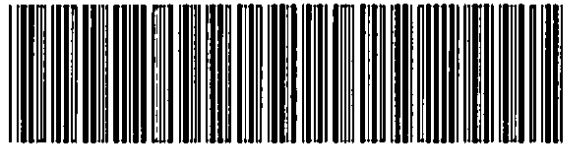
(Business Entity Name)

(Document Number)

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RECEIVED
FALL, MISSOURI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 484 DEERFIELD BEACH 0001 LLC

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:

Editha Corrales Nelson

JAHYOUTH INVESTMENT CORPORATION

Firm/Company

1712 PIONEER AVE STE 500

Address

CHEYENNE, WY 82001

City/State and Zip Code

corrales@shaw.ca

E-mail address: (to be used for future annual report notification)

2022 DEC -5 PM 11:28
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Editha Corrales Nelson

510 421 5694
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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**

484 DEERFIELD BEACH 0001 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/18/2022 and assigned
Florida document number L22000494290.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SKAN PROPERTY MANAGEMENT SERVICES LLC

New Registered Office Address:

5924 SHERIDAN ST STE 1111

Enter Florida street address

HOLLYWOOD

City

Florida 33021

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.

Editha Corrales Nelson

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JAHYOUTH INVESTMENT CORPORATION	1712 PIONEER AVE STE 500	<input type="checkbox"/> Add
		CHEYENNE, WY 82001	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAHYOUTH INVESTMENT CORPORATION	1712 PIONEER AVE STE 500	<input checked="" type="checkbox"/> Add
		CHEYENNE, WY 82001	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

SECRET
TALL
22 DEC -5 14:11:38
SECRETARY OF STATE

44-38861-1000

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

SECRETARY GENERAL
TALLINN, ESTONIA

2027 DEC -5 AM 11:28
SECRETARY OF DEFENSE
TALLINN, ESTONIA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated NOVEMBER 18TH 2022

Editha Corrales Nelson

Signature of a member or authorized representative of a member

EDITHA CORRALES NELSON

Typed or printed name of signee

Filing Fee: \$25.00