Laa000518044

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(Business Entity Name)	· · · · · · · · · · · · · · · · · · ·
(Document Number)	
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o Filing Officer:	
J. HORNE DEC 14 2022	
	(Address) (Address) (City/State/Zip/Phone #) WAIT (Business Entity Name) (Document Number) Certificates of Sta

Office Use Only



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COVER LETTER

ro: Registration Sec Division of Corp		A		
SUBJECT:	AM DEVE Name of Limit	ELOPMENT, LL ed Liability Company	.C.	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspor	ndence concerning this matter to	o the following:		
	P.O.	Name of Person EVELPMENT Firm/Company BOX 9/2 Address Y F 4 323 City/State and Zip Code WORLD SAAL GOV Be be used for future annual report notified.		OPERSO
			ication)	GMAIL.C
	oncerning this matter, please co		- /	
	f Person	at (\$00) 4407 Area Code Daytime	e Telephone Number	
Enclosed is a check for th	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)	
		Securit Address		

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



YAM DEVELOPNI	ENTILLE
(Name of the Limited Liability Compa	nv as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200051804</u> 4	were filed on $\frac{12/14/22}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Ility Company," the designation "L.L.C." ZSY SAND PINE CIRCLE MIDWAY, FL 32343
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 912 MIDWAY, FL 37343
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

City

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>	Type of Action
AMBR	DR HARRY A. ROLLE	BLAG.3 SUITE IN 115 MIRMI, FL 33179	□Add
		MIRMI, FL 33179	Nemove
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Effectiv	we date, if other than the date of filing:	
1.0 20	ctive 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	0207 i d as (
goraine	ent's effective date on the Department of State's records.	
ne 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
ord is file	rd.	
	DECEMBER IN 2022	
Dated _	DECEMBER 14. 2022	
	Signature of a member or authorized representative of a member E DIAMOND ALMUZ Typed or printed name of signee	

. . .

Filing Fee: \$25.00