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(F	Requestor's Name)	
	Address)	
(7	1001033)	
(A	(ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
- IF	Business Entity Name)	
,-	Justices Entity Humby	
(L	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	n Filing Officer	
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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Yehr	Enterprises	LIC	
<u> </u>	Name of Limi	ted Liability Company	
		to the order	
The enclosed Articles of A	mendment and fee(s) are subt	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Bianca E	Name of Person	
		Firm/Company	
		rumCompany	
	669 Gains	boro St Address	
	Deltona Fl	. 32025	2021 SEI
		City/State and Zip Code	ALI
	bian ca gon E-mail address: (1	ne2290 amail-com	2024 JUNIN AMIL: 57 SECRETARY OF STATIONAL AHASSEE, FU
For further information co	ncerning this matter, please co	alt:	SSEE SSEE
Bianca Ga	Me2 Person	at (407) 613-649 Area Code Daytime Telephon	
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
M. illan Addann		Street <u>Address:</u>	
Mailing Address Registration S		Registration Section	
Division of C	orporations	Division of Corporation	
P.O. Box 632		The Centre of Tallahass 2415 N. Monroe Street.	
Tallahassee, I	·L 32314	Tallahassee, FL 32303	Dance 010

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Same of New Registered Agent:
| New Registered Office Address: | New Registered Office Address | New Registered Off

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.

City

Enter Florida street address

Florida

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>	Name	Address	Type of Action
MGR	Bianca Gomez	669 Gainsbord St Deltona FL 32725	DAdd
		Deltona Fl 32725	□Remove
			Change
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Effective date, if other than the date of filing:					• <u></u>	
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 (off): If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. The 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 list filed. Signature of a member or authorized representative of a member					ורן	
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Pated	rooped enocifies a de	daved effective date, but	not an effective time,	at 12:01 a.m. on the ear	tier of: (b) The 9	Oth day after the
Signature of a member or authorized representative of a member	l is filed.	inity car control and a second	1			
Signature of a member or authorized representative of a member		_				
	Dated	—— <i>—</i> —	-·/·	/		
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