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(Requestor's Name)
	Address)
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	City/State/Zip/Phone #)
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PICK-UP	MAIL MAIL
	Business Entity Name)
	Document Number)
(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer: J. HORNE MAR - 8 2023
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: YOUR KOYA Care LLC Name of Limited Liability Company
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:
Christan Ines
Name of Person
Firm/Company
10/ NUS Hwy 1 Ste 210
Fort Pierce F1 34950
Fort Pierce F 34950 City/State and ZipCode Ay I enterprises 160/ (2) (cloud. (om y-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (470) B49-092/ Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee. Certificate of Status \$\Bigcup \$ (additional copy is enclosed) \$\Bigcup \$ (additional copy is enclosed) \$\Bigcup \$ \$60.00 Filing Fee. Certificate of Status \& \Bigcup \$ 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

ARTICLES OF	ORGANIZA	ATION	* *	En
	OF			<i>iJ</i>
Your Royal		110	2023 HAR -8	Pi1 12: 50
	_		- 25 CUF 1 - 1	,
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now apported Liability Company	ears on our records. /)) MULTHASSET	

The Articles of Organization for this Limited Liability Company were filed on Florida document number 2300037481

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 "LLC."

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title //	Name	Address	Type of Action
AMBR	Christan Jones	Address 10/ N US. Hary Suite 210, Fort Pierce, F1 34950	□Add
بالمال			□Remove
			Change
			/ □Add
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ir amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	<u> </u>
	
f an effectiv <u>Note:</u> If th	date, if other than the date of filing:
d is filed	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	3/8/23 Mugfan one Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member (hristan Jones
	Christan Jones
	Typed or printed name of signce