## L23000074730

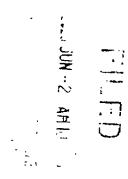
(Re	equestor's Name)	
(Ac	idress)	
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(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	<del></del>	
(Bi	usiness Entity Name)	
(Do	ocument Number)	<del></del>
Certified Copies	Certificates of	Status
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Special Instructions to	Fiting Officer:	
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My

## **COVER LETTER**

	gistration Se vision of Cor				
		STMENTS LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The and an	d sadalaa ae	A	aritand for Client		
i ne enciose	d Articles of	Amendment and fee(s) are sub	imitted for thing.		
Please return	n all correspo	ondence concerning this matter	to the following:		
		Avraham Ben Yakar			
			Name of Person		
			Firm/Company		
		5832 FUNSTON STREET			
			Address		
	HOLLYWOOD, FL 33023				
			City/State and Zip Code		
			to be used for future annual report no	otification)	
For further i	nformation c	oncerning this matter, please c	all:		
Avraham B	en Yakar		516 304-4977		
	Name o	f Person	Area Code Dayti	me 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)	
	niling Addres		Street Address: Registration S	ection	
	_	orporations	<del>-</del>	Division of Corporations	
P.0	D. Box 632	7	The Centre of	Tallahassee	
Та	llahassee, I	FL 32314	2415 N. Mont	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BYA INVESTMENTS LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our reco ted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp	any were filed on <u>02/09/2023</u>	and assigned
lorida document number L23000074730		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
he new name must be distinguishable and contain the words "Limited L	hability Company," the designation "L	LC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	·· * <u>-</u>
		JUN .
Inter new mailing address, if applicable:		1
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered offi	ice address on our records, <u>ent</u>	er the name iof the new reg
gent and/or the new registered office address here:		
Name (SNew De Consul Associa		
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	<del></del>	···-
	Enter Florida street addi	ress
		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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	AVRAHAM BEN YAKAR	5832 FUNSTON ST	
	HOLLYWOOD, FL 33023	□Remove	
			■Change
			[] Add
		<del></del>	□Remov <b>e</b>
			[]Change
	<del></del> .		□Add
			□Remove
			□Change
			□Add
	<del></del>	□Remove	
			□Change
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			□Change
		□Add	
			□Remove
			□Chaṅge

	<del></del>
-	<del></del>
an effecti lote:   If t	date, if other than the date of filing:
d is filed.	
ated	Signature of a member or authorized representative of a member  AVVANAM BLN JAKAV  Typed or printed name of signee
	1.11 1/21
	Signature of a member or authorized representative of a member

. . . .

Filing Fee: \$25.00