L23000104168

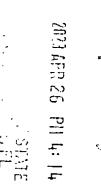
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COVER LETTER

Registration Section Division of Corporations

TO:

	YOURSELF, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cari-Ann Brana		
		Name of Person	
		Firm/Company	
	8724 Sunset Drive, #96		
	Miami, Florida 33173	Address	
	School CS Land	City/State and Zip Code	2023 APR
	faburocks@faburocks.com	to be used for future annual report notification)	= 등
For further information c	oncerning this matter, please c	·	26
Car-Ann Brana		305 952-0079 at ()	ne Number
Name o	f Person	at () Area Code Daytime Telephon	e Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5 Division of C	Section	Street Address: Registration Section Division of Corporation	os
P.O. Box 632 Tallahassee, 1		The Centre of Tallahass 2415 N. Monroe Street,	see

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Just Be Yourself, 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 $\frac{2/27/23}{2}$ and assigned Florida document number L23000104168 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 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	CRB Family Limited Partnership, I.	8724 SUNSET DRIVE, #96	□Add
		MIAMI, FI. 33173	■Remove
			Change
MGR	CRB Family Partnership, LLLP	8724 SUNSET DRIVE, #96	■Add
		MIAMI, FL 33173	□Remove
			☐ Change
			202 DAdd PR 2
			□ □ Remove
	20000		
			□ Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change

Removing the word "Limite	d" from the name of the Manager.				_
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e: If the date inserted in this b iment's effective date on the E	lock does not meet the applicable statutory	filing requirements, this	date will	not be li	isted a
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ed April 12			<u></u>	33 ≥=	ئىت.
California	·			3 APR	ي
ed April 12	Signature of a member or authorized represent	ative of a member	<u> </u>	2023 APR 26	; ;

Filing Fee: \$25.00