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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: YOUR ESTATE SELLS, 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:	
DARLENE CUCINOTTA Name of Person	
YOUR ESTATE SELLS, LLC Firm/Company	·
10418 VISTA PINES LOOP Address	
CLERMONT FL 34711 LOURESTATESEMS GOOD CUE IN O PANOO, COM E-mail address: (to be used for future annual report notifice	AIL. COM OR ration)
For further information concerning this matter, please call:	
DARVENE CUCINOTTA at (301) 347- Name of Person Area Code Daytime	6553 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 \$Certificate of Status \$\Bigcup \$Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section	ion

Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOUR ESTA	TE SELLS, LLC	
(Name of the Limited Liability) (A Florid	ty Company as it now appears on our records. a Limited Liability Company)	,
The Articles of Organization for this Limited Liability C	Company were filed on	and assigned
Florida document number	_ _ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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>	Address	Type of Action
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		WINTER GARDEN FL 3478	<u>7</u> □Remove
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