10/10/23, 4:12 PM

Division of Corporations

Fleshda Department of State Division of Corporations Collections Cover Sheet

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	Division of Corporati	ons
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an	nual report mailings. E.	nter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YOUR STORY SERVICES LLC

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Corporate Filing Menu

Help S : 7 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOUR STORY SERVICES LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	tords.)	
The Articles of Organization for this Limited I Florida document number 1.23000310262	Liability Company	were filed on <u>06/28/2023</u>	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liah	nility company here:		
The new name must be distinguishable and contain the	words "Limited Linbi	lity Company "the designation "	I. C" or the abbreviation "I. I. C."	
		135 SAN LORENZO AVE		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		STE \$60		
		CORAL GABLES, FL 331		
Enter new mailing address, if applicable:		135 SAN LORENZO AVE	· :	
(Mailing address MAY BE A POST OFFICE BOX)		STE 860	<u> </u>	
		CORAL GABLES, FL 331		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:		_	ter the name of the new register	
New Registered Office Address:	135 SAN LOR	ENZO AVE STE 860		
		Enter Florida street ad	dress	
	CORAL GABLES		, Florida 33146 Zip Code	
		City	Zip Coxte	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register, provisions of all statutes relative to the propactions the obligations of my position as reg	ver and complete	performance of my duties,	, and I am familiar with and	

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
MGR	MARIA DEL PILAR SIMAN	135 SAN LORENZO AVE	□∧dd
		STE 860	
		CORAL GABLES, FL 33146	_
		***	□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
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Iffective date, if other than the lan effective date is listed, the date mus Note: If the date inserted in this ble locument's effective date on the De	ock does not meet th	e applicable sta	f filing or more than S utory filing require	(optional) 0 days after filing.) ements, this date v	Pursuant to 605,0207 (2 vill not be listed as th
record specifies a delayed effective d is filed.	date, but not an eff	ective time, at 1	2:01 a.m. on the ex	rlier of: (b) The	90th day after the
0ated	202	3			
	T2-				
	Signature of a membe	<u>د ح</u>			