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Division of Corporations

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Florida Department of State  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
YOUR STORY SERVICES LLC**

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOUR STORY SERVICES 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 06/28/2023, and assigned Florida document number 123000310262.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

135 SAN LORENZO AVE

STE 860

CORAL GABLES, FL 33146

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

135 SAN LORENZO AVE

STE 860

CORAL GABLES, FL 33146

**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:

CHANGE OF ADDRESS

New Registered Office Address:

135 SAN LORENZO AVE STE 860

*Enter Florida street address*

CORAL GABLES

Florida 33146

*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**



