L23000348636

(Re	equestor's Name)			
(Address)				
(Ac	idress)			
(Cit	ty/State/Zip/Phone	e #)		
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(Do	ocument Number)			
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TO: Registration So Division of Cor			,		_	
	ge GÜ, LLC L23000348636		*	,		
SUBJECT:	G · · · , · · · · · · · · · · · · · · · · · · ·				·	
	Name of Lim	ited Liability Compar	ny			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Chatsarun Yoosumran					
		Name of Perso	on			
	GU, LLC					
		Firm/Compan	ny			
	104500 Overseas Hwy , A2	202				
		Address			•	. . [
	Key Largo, Florida 33037					1023 A
	amnokie@gmail.com	City/State and Zip	Code			2023 AUS 24 PH 12: 40
	E-mail address: (to be used for future a	annual report notific	ration)		P)
For further information of	concerning this matter, please co	all:				0412:40
Chatsarun Yoosumran		954	696-9795			0.4
	- N	at (Q,
Name o	n' Person	Area Cod	e Daytime	l'elephone Number		
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional cop	ppy	Certified	te of Status &	
Mailing Address Registration	Section	Ro	reet Address: egistration Sect			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GU, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compared Liabi	ny were filed on July 24, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Yoo Keys, LLC		
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		
		31 ří 2023
		AUG
Enter new mailing address, if applicable:		6 2 6 2
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	P 500
		<u> </u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the na	me of the new register
ingent and of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			DIVISION OF THE CONTRACT OF TH
			PH Chamber 10
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: Effective date, if other than the date of filing: _______ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)((optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. 2023 August 21 Dated ____ Signature of a member of authorized representative of a member CHATSARUN YOOSUMRAN

Filing Fee: \$25.00

Typed or printed name of signee