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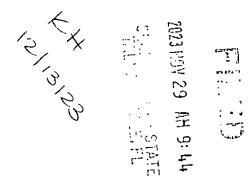
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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COVER LETTER

Division of Co			
SUBJECT: JY	RE Home S	oductions LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jamo	Name of Person	
		Name of Person	
	 	Firm/Company	
	2717	• •	
	2/11/	Longford Dr. Address	
	tallahas	SSEE FL 32300 City/State and Zip Code	<u> </u>
	/ E-mail address:	City/State and Zip Code いっこうこしのらかにしていい (to be used for future annual report notification)	<u>. </u>
For further information of	concerning this matter, please c		
	CUMMOUN	at (\(\frac{\partial \code}{\rightarrow \code}\) \(\frac{\partial \partial \code}{\rightarrow \code}\) \(\frac{\partial \code}{\	203 110V 29 AH
Enclosed is a check for t			AH 6
আ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

whons LLC	
y Company as it now appears on our records.) Limited Liability Company)	
ompany were filed on 9/20/2025	and assigned
ted liability company here:	
ted Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
ESS)	
	70723
	200
office address on our records, enter the ha	grand STATE
	1 7 7
Enter Florida street address	
, Florida _ , City	Zip Code
	Company as it now appears on our records.) Limited Liability Company) Impany were filed on

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 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
<u>m6</u> R	Erika Robinson	3717 Longford pr	ÞÁdd
		3717 Longford Dr Tallahassee, FL 3,23017	□Remove
			□Change
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	(o) The Adm day and	
Signature of a member or authorized representative of a member		
former for		

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