

L 2 3 0 0 0 4 5 6 7 3 6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

1

PICK-UP

5

WAIT

1

MAIL

(Business Entity Name)

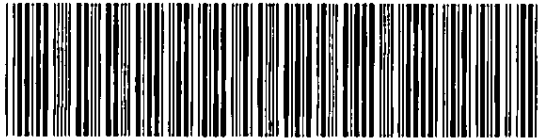
(Document Number)

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650-1-1-3

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Young's Services LLC.

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:

Zachary Young

Name of Person

Firm/Company

381 Faith Terr

Address

Sebastian, FL 32958

City/State and Zip Code

youvegotzy@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zachary Young

772 696-1355
at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Zachary Young	381 Faith Terr.	<input checked="" type="checkbox"/> Add
		Sebastian, FL 32958	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alan Warrick	478 Georgia Blvd.	<input checked="" type="checkbox"/> Add
		Sebastian, FL 32958	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Authorized Person(s) Detail

Zachary Young

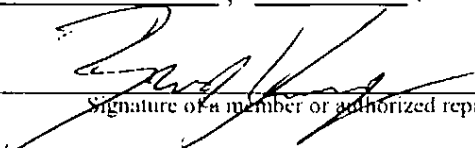
E. Effective date, if other than the date of filing: 10/3/2023 **(optional)**

(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)(b)

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.

Dated October 3rd, 2023


Signature of a member or authorized representative of a member

Zachary Young

Typed or printed name of signee