124 0000 30017



| (Red | questor's Name |) |
|---------------------------|-----------------|-------------|
| (Add | iress) | |
| (Add | lress) | |
| (City | /State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| - (Bus | iness Entity Na | me) |
| (Doc | ument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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COVER LETTER

| Division of Corp | porations | | |
|-----------------------------|--|---|---|
| SUBJECT: | Your's STRAT | fhits LLC | |
| SOBSECT: | Name of Limit | ted Liability Company | |
| | • | | |
| The enclosed Articles of A | Amendment and fee(s) are subr | nitted for filing. | |
| Please return all correspon | ndence concerning this matter t | to the following: | |
| | LILIAH | Harring Name of Person | <u> </u> |
| | Yourus | SMATERIES U | _C |
| | , , , , | Firm/Company | |
| | 163 F | UBERT ST | |
| | | Address | |
| | SEB 12 | TIAN, FL 329. | 28 |
| | LILA. Ye | Address TIAN FL 329. City/State and Zip Code SUNLY CYAHOL | o. com |
| | E-mail address: (t | to be used for future annual report notifi | ication) |
| For further information c | oncerning this matter, please ca | afl: | |
| LILIAH | Your | at (928) 830 Area Code Daytime | -1931 |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| S25.00 Filing Fee | ☐ \$30.00 Filing Fec & Certificate of Status | ☐ \$55.00 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

| YOUNGS STRATI | FGIES LLC |
|--|--|
| (Name of the Limited Liability Co (A Florida Limi | mpany as it now appears on our records.) ted Liability Company) |
| The Articles of Organization for this Limited Liability Comp. Florida document number <u>L24000030017</u> | |
| 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 L | iability Company," the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS | 2 |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| The state of the s | <u></u> |
| B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: | ice address on our records, <u>enter the name of the new registere</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | City Zip Code |
| New Desictored Agent's Signature if changing Registered Ap- | ent: |

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 |
|--------------|---------------|---------------------|----------------|
| AMBR | MICHAEL YOUNG | 193 KIREDI ZINEEL | □Add |
| | | SEBASTIAN, FL 32958 | DRemove |
| | | | Change |
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| Effective date, if other than the date of filing: [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 Mote: [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. [If the 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 dis filled. [Stignature of shearmer or subprised representative of a member Library of the specifies and the specifies are specifies are specifies and the specifies are speci | | other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| () $/$ $/$ $/$ $/$ $/$ $/$ $/$ $/$ $/$ $/$ | Dated | 2027 |
| () $/$ $/$ $/$ $/$ $/$ $/$ $/$ $/$ $/$ $/$ | | Signature of a member or authorized representative of a member |
| | | LILIAH YOUNG |

Filing Fee: \$25.00