

L24000034749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

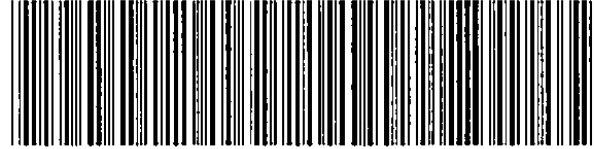
(Document Number)

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[Handwritten signature]

TO
ARTICLES OF ORGANIZATION
OF

You & I Living, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 01/17/2024 and assigned
document number 1.24000034749.

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

Name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

New principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

3 E. Nightingale Street

Apopka FL 32712

New mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

536 Keystone Terrace

Deltona FL 32725

Changing 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:

Marcel R. Cornelius

New Registered Office Address:

536 Keystone Terrace

Enter Florida street address

Deltona

Florida

32725

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

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ed from our records:

Manager
= Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Marcel Cornelius	536 Keystone Terrace Deltona FL 32725	<input checked="" type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
Jibria Stafford	3822 Swallowtail Ln Kissimmee FL 34744	<input checked="" type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input checked="" type="checkbox"/> Add
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pending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Effective date, if other than the date of filing: _____ (optional)

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.

word 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 filed.

d November 13, 2024

Marcel Cornelius

Signature of a member or authorized representative of a member

Marcel Cornelius

Typed or printed name of signee