



| (Reque                        | estor's Name)    |                 |
|-------------------------------|------------------|-----------------|
| (Addre                        | ss)              |                 |
| (Addre                        | ss)              |                 |
| (City/S                       | tate/Zip/Phone # | <del>(1</del> ) |
| PICK-UP                       | WAIT             | MAIL            |
| (Busine                       | ess Entity Name  | e)              |
| (Docum                        | nent Number)     |                 |
| Certified Copies              | Certificates o   | of Status       |
| Special Instructions to Filir | ng Officer:      |                 |
|                               |                  |                 |
|                               |                  |                 |
|                               |                  |                 |

Office Use Only



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Jan 28, 24-- MO (4-- 308 - \*\* 50, 0)

## **COVER LETTER**

| Division of Co             |   |   |  |
|----------------------------|---|---|--|
| SUBJECT: YF                | IWH'S Treas                                   | •                             | <del></del>  |
|                            | Name of Lim                                   | ited Liability Company  |  |
| The enclosed Articles of   | Amendment and fee(s) are sub                  | mitted for filing   |  |
| Please return all correspo | ondence concerning this matter                | to the following:   |  |
|                            | Megar<br>Vandis                               | Name of Person  |  |
|                            | YHWH,   | Treasures, L  |  |
|                            | <u>3653 S</u>                                 | Sawmill Circle  | 2  |
|                            | Pace,   | FL 32571<br>City/State and Zip Code                                 | <del> </del>   |
|                            | Megasdiv<br>F-mail address: (                 | ive SCON+S @ OMC  | il. Com  |
| For further information c  | concerning this matter, please ca             | all:  |  |
| Megan (                    | Mayton<br>Person                              | at ( <u>850</u> ) <u>490</u><br>Area Code Daytime                   | -0928<br>Telephone Number  |
| Enclosed is a check for t  | he following amount:                          |   |  |
| □ \$25.00 Filing Fee       | \$30.00 Filing Fee &<br>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 Addres             | i <u>s:</u>                                   | Street Address:   |  |

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

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

| YHWH'S T   | Treasures, LL   | C                     |                      |
|--|---|-----------------------|----------------------|
| ( <u>Name of the Limited Liabilit</u><br>(A Florida  | ty Company as it now appears on o<br>a Limited Liability Company) | our records.)         | <del></del>          |
| The Articles of Organization for this Limited Liability C<br>Florida document number <u>L24000379</u> 8    | Company were filed on <u>bo</u>                                   | <del>2014 19,20</del> | 24 and assigned      |
| This amendment is submitted to amend the following:  |   |                       |                      |
| A. If amending name, enter the new name of the limi  | ited liability company here:                                      |                       |                      |
| The new name must be distinguishable and contain the words "Lim  | ited Liability Company," the designa                              | tion "LLC" or the abb | reviation "L.L.C."   |
| Enter new principal offices address, if applicable:  |   |                       |                      |
| (Principal office address MUST BE A STREET ADDR  | RESS)   |                       |                      |
|  |   | 14.<br>14.0<br>14.0   | 2024                 |
| Enter new mailing address, if applicable:  | <del></del>   | <del></del>           |                      |
| (Mailing address MAY BE A POST OFFICE BOX)   | <del></del>   | $\frac{1}{(n^{-1})}$  | <u> </u>             |
|  |   | 1110<br>1110<br>1110  |                      |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our record                                    | ls, enter the name    | afthe new registered |
| Name of New Registered Agent:  |   | <del></del>           |                      |
| New Registered Office Address:   |   |                       | ·                    |
|  | Enter Florida str   | eet address           |                      |
|  | City  | , Florida             | Zip Code             |
|  | S. 201  |                       | ing some             |

## 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      |
|--------------|------------------|---------------------|---------------------|
| MGR          | Matthew Wessells | 3653 Sawmill Circle |                     |
|              |                  | Pace, FL 32571      | XORemove            |
|              |                  |                     |                     |
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|              |                  |                     | □Remov <sup>®</sup> |
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| Effective date, if other than the date of filing:  |                     |  |
|--|---------------------|--|
| Effective date, if other than the date of filing:  \( \sum_{\text{20 2024}} \) (optional)  If an effective date is listed, the date must be specific and cannot be prior to ddle of filing or more than 90 days after filing.) Pursuant to 605.02071  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  Be 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 rid is filed.  Dated UNL 24 2024.  What Washington and the state of the specific and the specifies of the specifies and the specifies are specified as the specifies are specified as the specifies and the specifies are specified as the specifies are spe | -                   |  |
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| Effective date, if other than the date of filing: <u>January 20, 2024</u> (optional) If an effective date is listed, the date must be specific and cannot be prior to diffe of filing or more than 90 days after filing.) Pursuant to 605,0207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  The effective date and delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rid is filed.  Dated <u>June 24</u> , 2024.  What Ward Ward Ward A.  | _                   |  |
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| Wayn Clay  |                     |  |
| Signature of a member of authorized representative of a member   |                     |  |
|  | rd is file          | Jone 24, 2024.<br>Warn Vex   |

. . . .