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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: TAX ZONE INC.

Account Number : I20190000044

Phone

: (407)888-3131

fax Number

: (888)453-6509

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YH DESING LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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K. SALY

TQ:

Registration Section

## **COVER LETTER**

Division of	Corporations					
YH DI SUBJECT:	ESING LLC					
Name of Limited Liability Company						
The enclosed Article	es of Amendment and fee(s) are submitted for filing.					
Please return all corr	respondence concerning this matter to the following:					
	FD KOTLER					
	Name of Person					
	TAX ZONE INC					
Firm/Company						
8865 COMMODITY CIR STE 4						
	Address					
	ORLANDO, FL 32819					
	City/State and Zip Code					
	ACCOUNTANT@TAXZONEFL.COM					
	E-mail address: (to be used for fisture annual report notification)					
For further informati	on concerning this matter, please call:					
ED KOTLER	407 888-3131 at ()					
Name of Person Area Code Daytime Telephone Number						
Enclosed is a check f	or the following amount:					
□ \$25.00 Filing Fea	c					

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

## FILED 2024 JUN 25 AM 4: 09 MALLAMASSITE TEORITAX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YH DESING LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our re a Limited Liabibly Company)	çords.)
The Articles of Organization for this Limited Liability (	Company were filed on 05/09/2024	and assigned
Florida document number L24000218357	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim		
YHD DESIGN	JLLC	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI		
Enter new mailing address, if applicable:		
(Mulling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:	·	
New Registered Office Address:		
Control of the Contro	Enter Florida street ad	drass
		Florida
<del></del>	City	Zip Code

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.

□Remove

Change

or removed	from our records:	ianage, enter the title, name, and	I address of each person—being added
MGR = M $AMBR = A$	athorized Member		
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<u>vote:</u> If	the date inserted in this blo	ick does not r	neet the applic	able statutory fi	iling requireme	nts, this date	will not be listed as	the
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