

M2S 000000 4002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

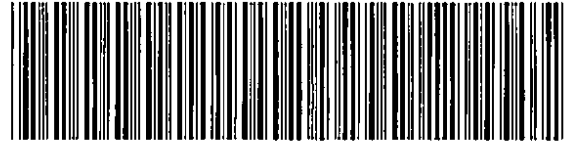
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000449553180

04/29/25--01026--008 \$25.00

SECRET
2025 APR 29 PM 4:20
FBI/DOJ

SB 6-24-65



5716 Corsa Ave Suite 110
Westlake Village, CA 91362
Phone: 888-366-9552
Fax: 877-366-9552
www.DoMyLLC.com

April 22, 2025

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

Dear Florida Secretary of State,

Enclosed please find the Amendment and filing fee for YUBU LLC.

Check #: 5485

Check Amount: \$25.00

Please return the documents once the filing is completed to:

DoMyLLC.com, LLC
Attn: Processing
5716 Corsa Ave. Suite 110
Westlake Village, CA 91362

If you have any questions, please contact our office at (888)-366-9552.

Sincerely,

Processing
Processing@domyllc.com
www.DoMyLLC.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YUBU LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven

Name of Person

DoMyLLC.com, LLC

Firm/Company

5716 Corsa Ave. Suite 110

Address

Westlake Village, CA 91362-7354

City/State and Zip Code

processing@domylc.com

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

For further information concerning this matter, please call:

Steven

Name of Person

at 888-366-9552

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: YUBU LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M25000004002

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 3/11/2025

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
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.

If Changing Registered Agent, Signature of New Registered Agent

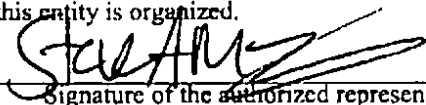
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Abby Hartmann	1850 Lee Rd. Ste 230	☒ Add
		Winter Park, FL 32789 US	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.





Signature of the authorized representative

Steven Amato, Manager

Typed or printed name of signee

Filing Fee: \$25.00