## L21 0000 46390

(Requestor's Name)
(Address)
(Address)
(C.) (C)
(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



100359584291

02/15/21--01024--023 \*\*25.00

2021 FEE 15 EM 11: 16

## **COVER LETTER**

	egistration Sectivision of Corp		1		÷	
eub leca		YORKIEMYLIFE LLC				
SUBJECT	:	Name of Lim	ited Liability Company	_		
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please rett	ırn all correspoi	ndence concerning this matter	to the following:			
		LUIZ D FELICE				
			Name of Person	-,		<del></del>
		YORKIEMYLIFE LLC				
			Firm/Company	<u> </u>		<del></del>
		4433 NW 23RD COURT				
			Address		<del>_</del> _	<del></del>
		MIAMI FL 33142				
			City/State and Zip C	ode		<del></del>
		BERTHA@ORTEGA-SOL				
		E-mail address: (	to be used for future an	nual report noti	fication)	
For furthe	r information co	oncerning this matter, please c	all:			
BERTHA	. C ORTEGA		305 at (	6448838		
	Name of	Person	Area Code	Daytim	e Telephon	e Number
Enclosed i	is a check for th	e following amount:				
<b>■ \$</b> 25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Cop	у	Í	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u> 1ailing Addres</u> Registration S			et Address: istration Se	ction	
	Division of C		Div	ision of Cor	rporation	
F	O. Box 632	7		Centre of 7		
	fallahassee, F	·L 32314	241	5 N. Monro	e street,	Suite of the

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Company were filed on JANUA Florida document number 121000046390	ARY 25, 2021	and	d assigne	ed .
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 Liability Company," the design	ation "LLC" or the ab	breviatio	on "L.L.C.	
Enter new principal offices 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)				
B. If amending the registered agent and/or registered office address on our recoragent and/or the new registered office address here:	ds, enter the nam	e of the	e new re	gistere
Name of New Registered Agent:			21/2	
New Registered Office Address:			<u></u>	
		-	FF:	
Enter Florida s				
Enter Florida s	, Florida		<u>.</u> .	
Enter Florida s	, Florida	Zip (	Code:	

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	LUIZ D FELICE	4433 NW 23RD COURT	
		MIAMI, FL 33142	■ Remove
			□Change
AMBR	LUIZ D FELICE	4433 NW 23RD COURT	<b>=</b> Add
		MIAMI, FL 33142	□Remove
		Change Title from MGR to AMBR	□Change
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
		<u></u>	Change
			□Add
			□Remove
			Change

				<del></del>
				<del></del>
				. <u></u>
				<del></del>
Effective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	does not meet the appl	icable statutory filing re	(optional) than 90 days after filing.) Pursual quirements, this date will not	nt to 605.0207 t be listed as t
record specifies a delayed effective da d is filed.	te, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The 90th o	day after the
Pated February 10	2021 M Felic	·		
/	-//		mambas	
Sign	nature of a member of au	thorized representative of a	. member	

Filing Fee: \$25.00