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of 12/15/2023

## COVER LETTER

Registration Section

TO:

Divi	ision of Corp	porations				
•	BOLIVAR	MENDOZA, YORJAN RAFA	EL LLC			
SUBJECT:		Name of Limi	ted Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		YORJAN BOLIVAR				
			Name of Person	<del></del>		
	BOLIVAR MENDOZA, YORJAN RAFAEL LLC					
Firm/Company				<del>-</del>		
11427 CITRA CIR APT 101						
Address						
	WINDERMERE FL 34786					
		RAFAEL@EQUITYPRO.0	City/State and Zip Code			
		<del>-</del>	to be used for future annual report not	fication)		
For further in	nformation co	oncerning this matter, please ca	all:			
RAFAEL B	OLIVAR		407 720-7042			
	Name o	f Person	Area Code Daytin	e Telephone Number		
Enclosed is	a check for th	ne following amount:				
<b>■</b> \$25.00 I	Filing Fee	☐ \$30,00 Filing Fee & 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)		
Re Di P.0	gistration S vision of C D. Box 632 llahassee, 1	Section Porporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 DEC -4 PH 5: 41 BOLIVAR MENDOZA, YORJAN RAFAEL LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/20/2022 and assigned Florida document number L22000532035 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: YORJAN RAFAEL BOLIVAR MENDOZA LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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

## 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		
	•		
AWIBR	= Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<del></del>	
			□Remove
			□Change
			□Remove
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an ef ote:	ive date, if other than the date of filing:
recoi l is fi	rd 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 led.
ated	NOVEMBER 27 2023
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00