LO6000076917

	(Requestor's Name)	
	(Address)	
	(Address)	
7	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of :	Status
Special Instructions	s to Filing Officer: Vance Changed	
	Office Use Only	125 2022
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(10/25/2022

COVER LETTER

TQ: Registration Section Division of Corporations
SUBJECT: DR Yani PLLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
YANITZA HIMRIGHAUSEN Name of Person
Dr. Vani FLLC Firm/Company
212 SE 12 14 ST
TOPT Lander dale FL 333/6 City/State and Zip Code Y_KVLJIS (3) YA100.00 M E-mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
YAN: tea Homnishausen at (786) 859 1417 Name of Person at (786) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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



September 25, 2022

YANITZA HOMRIGHAUSEN 212 SE 12TH STREET FORT LAUDERDALE, FL 33316

SUBJECT: DR. YANI PLLC Ref. Number: L06000076917

We have received your document for DR. YANI PLLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partneship, but your entity is a Limited Liability company. Please complete and return the enclosed blank form(s).

The entity's date of incorporation/organization must be listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 322A00021333

ULT 18 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Or			202000000
	R. YANI	PLLC		2022 C 7 18 PH 1: 00
(Name of the Limited)	iability Company as	it now appear	rs on our records.)	
(,,	2000	,	-1	
The Articles of Organization for this Limited Liabi		filed on	08 03	2006 and assigned
Florida document number <u>60007</u>	6917			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability	company he	ere:	
The new name must be distinguishable and contain the word	s "Limited Liability Co	ompany," the d	esignation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<i>6</i> 1			
(Principal office address MUST BE A STREET)	_			
The spar of the same of the sa				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
		· -		
B. If amending the registered agent and/or regi	stered office addr	ess on our r	ecords, e <u>nter th</u>	e name of the new registered
agent and/or the new registered office address h				
Name of New Registered Agent:				
New Registered Office Address:		Enter Flor	rıda sıreet address	
				(a
		City	, Flori	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
			□Change

). If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Last name chance of
	Last name change of Yanitra Dixon to Yanitra Honrighausen
	Vicuity Hongishausen
	TONIE HOMEN
•••	
(If an effective date is Note: If the date	fother than the date of filing: O Q 2022 (optional) listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the live date on the Department of State's records.
the record specifies cord is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	0 9 2022
	Signature of a member or authorized representative of a member
	YANITZA HOMIZIGHAUSEN
	Turked or printed name of stones

Filing Fee: \$25.00