## 97000126254

| (Red                                    | questor's Name) |           |  |  |
|---|-----------------|-----------|--|--|
| (Add                                    | dress)          |           |  |  |
| (Add                                    | dress)          |           |  |  |
| (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



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04/07/08--01022--018 \*\*30.00

J. BRYAN

APR - 8 2008

**EXAMINER** 

## **COVER LETTER**

| TO: Registration Sc<br>Division of Cor |  |  |  |
|--|--|--|--|
| SUBJECT: Y J Cate                      | ring, LLC                                  |  |  |
|  |  | nited Liability Company)   |  |
| The enclosed Articles of               | Amendment and fee(s) are sul               | omitted for filing.  |  |
| Please return all correspo             | ondence concerning this matter             | to the following:  |  |
|  | Lazaro H. Gonzalez                         |  |  |
|  |  | (Name of Person)   |  |
|  |  | (Firm/Company)   |  |
|  | 12741 N.W 6 lane                           |  | 9  |
|  |  | (Address)  | 08 AF  |
|  | Miami, FL 33182                            |  | A OFFICE   |
|  |  | (City/State and Zip Code)  | - CONTROL  |
| For further information c              | concerning this matter, please of          | call:  | OB APR -7 AH 10: 30  |
| Maria A. Gonzalez                      |  | at ( 305 ) 909-3901  | <b>6</b> 5   |
| (Name                                  | of Person)                                 | (Area Code & Daytime   | l'elephone Number)   |
| Enclosed is a check for the            | he following amount:                       |  |  |
| \$25.00 Filing Fee                     | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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 608, 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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| Title       | Name                                   | Address   | Type of Action |
|-------------|--|---|----------------|
| MGR_        | Yuleidys Osorio-Leyva                  | 658 E. 28st.<br>Heileah, FL 33013                     | Add Remove     |
|             |  |   | Add Remove     |
|             |  |   | Add<br>Remove  |
| <del></del> |  |   | Add<br>Remove  |
|             |  | ·   | Add<br>Remove  |
|             |  |   | Add<br>Remove  |
| D. If amen  | ding any other information, enter chan | ge(s) here: (Attach additional sheets, if necessary.) | 180<br>Sivie   |
|             |  |   | APR-7          |
|             |  |   | AH 10: 38      |
| Dated       | April 2, 200                           | er or authorized representative of a member           | <del></del>    |
|             | Lazaro H. Gonzalez                     | d or printed name of signee                           |                |
|             | t ypc                                  | a or printed name or signee                           |                |

Page 2 of 2

Filing Fee: \$25.00