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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
ALLAHABAD, INDIA

DEC 23 2013
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **YOLDRY VACATIONS LLC**

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:

JOSE INFANTE

Name of Person

YOLDRY VACATIONS LLC

Firm/Company

1912 THETFORD CIRCLE

Address

ORLANDO, FL 32824

City/State and Zip Code

INFO@ABRAHAMFINANCIAL.COM

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

For further information concerning this matter, please call:

JOSE INFANTE

Name of Person

321 697-2348

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

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

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DIVISION OF CORPORATIONS

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YOLDRY VACATIONS LLC

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOSE INFANTE	5451 MILLENIA LAKE BLVD ORLANDO, FL 32839	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JOEL JR NEGRON	5451 MILLENIA LAKE BLVD ORLANDO, FL 32839	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ODRY VARGAS	13950 Landstar blvd Orlando, FL 32824	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	YOLALY INFANTE	13950 Landstar blvd Orlando, FL 32824	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE AMENDING WILL BE EFFECTIVE ON JANUARY 1, 2014

Dated JANUARY 1, 2014



Signature of a member or authorized representative of a member

JOSE INFANTE

Typed or printed name of signee

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Filing Fee: \$25.00

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