

L120000117404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

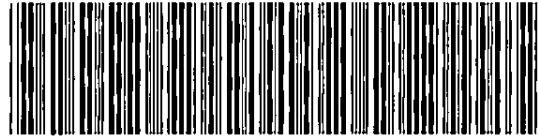
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000371026130

2021 AUG -5 AM 10:27

FILED

08/02/21 --01909--005 **25.00

Amend

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2021 AUG -2 PM 2:26

RECEIVED

AUG 06 2021
LALBRITTON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2021

CAPITAL CONNECTION, INC.

SUBJECT: YAKU INVESTMENT LLC
Ref. Number: L12000117404

We have received your document for YAKU INVESTMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 321A00018186

RECEIVED
2021 AUG -5 PM 2:17
--LH/AS/EE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

YAKU INVESTMENT LLC

Signature _____

Requested by: Seth

08/03/21

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: YAKU INVESTMENT 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:

JESSICA MOLINA

Name of Person

TIBER SERVICES, LLC

Firm/Company

2434 HOLLYWOOD BLVD 2ND FL

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

CLIENTS@TIBERSERVICES.COM

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

For further information concerning this matter, please call:

JESSICA MOLINA

954 7444051
at ()

Name of Person

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

YAKU INVESTMENT, 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 09/13/2012 and assigned
Florida document number L12000117404.

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 designation "LLC" or the abbreviation "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 records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: TIBER SERVICES, LLC

New Registered Office Address: 2434 HOLLYWOOD BLVD 2ND FL

Enter Florida street address

HOLLYWOOD, Florida 33020

City

Zip Code

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.

Jessica Molina

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------------|---------------------|--|
| AMBR | The World Reinsurance Company S | 4000 Hollywood Blvd | <input type="checkbox"/> Add |
| | | Suite 140-N | <input checked="" type="checkbox"/> Remove |
| | | HOLLYWOOD, FL 33021 | <input type="checkbox"/> Change |
| AMBR | Eugenio Pascual Marinaro | 4000 Hollywood Blvd | <input type="checkbox"/> Add |
| | | Suite 140-N | <input checked="" type="checkbox"/> Remove |
| | | HOLLYWOOD, FL 33021 | <input type="checkbox"/> Change |
| AMBR | The World Reinsurance Company S | 2434 HOLLYWOOD BLVD | <input checked="" type="checkbox"/> Add |
| | | 2ND FL | <input type="checkbox"/> Remove |
| | | HOLLYWOOD, FL 33020 | <input type="checkbox"/> Change |
| AMBR | Eugenio Pascual Marinaro | 2434 HOLLYWOOD BLVD | <input checked="" type="checkbox"/> Add |
| | | 2ND FL | <input type="checkbox"/> Remove |
| | | HOLLYWOOD, FL 33020 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

Principal Address Changed to:

2434 HOLLYWOOD BLVD . 2nd FL

HOLLYWOOD, FL 33020

Mailing Address Changed to:

2434 HOLLYWOOD BLVD . 2nd FL

HOLLYWOOD, FL 33020

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____

Signature of a member or authorized representative of a member

Eugenio Pascual Marinaro

Typed or printed name of signee