

L140000 711 47

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

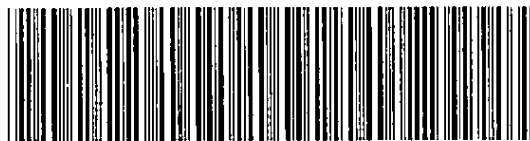
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 AUG 17 PM 3:22

FILED

Name
chg

AUG 25 2021

1 ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YF Transport Services 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:

Liset Maceda
Name of Person
YF Transport Services LLC
Firm/Company
6846 W 2 CT
Address
Aracleah, FL 33014
City/State and Zip Code
maceda1976@yahoo.es
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olivia Castellano at (813) 209 7274
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

REIVED

2021 JUN 17 PM 1:51

June 12, 2021

YF TRANSPORT SERVICES LLC
% LISET MACEDA
6846 W 2 CT
MIAMI, FL 33014

SUBJECT: YF TRANSPORT SERVICES LLC
Ref. Number: L14000071147

We have received your document and check(s) totaling \$550.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$105.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The total amount due to reinstate is \$655.00.

There is a balance due of \$105.00.

Please list the names and street addresses of Authorizes Representatives in the space provided on the reinstatement.

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: 021A00013062



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2021

LISET MACEDA
6846 W 2 CT.
HIALEAH, FL 33014

SUBJECT: YF TRANSPORT SERVICES LLC
Ref. Number: L14000071147

We have received your document for YF TRANSPORT SERVICES 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):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Alecia Rivers
Regulatory Specialist II

Letter Number: 421A00012164

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

YF Transport Services 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 05/01/2014 and assigned
Florida document number 44000071147.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

YF TRANS SERVICES, LLC

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)

Same Address.

6846 W2 CT.

Hialeah FL 33014

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same address.

6846 W2 CT.

Hialeah, FL 33014

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:

Not Applicable

New Registered Office Address:

Enter Florida street address

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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 07/12/2021
Sufacendi
 Signature of a member or authorized representative of a member

Lisey Macedo
Typed or printed name of signee

Filing Fee: \$25.00