

L14000121253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

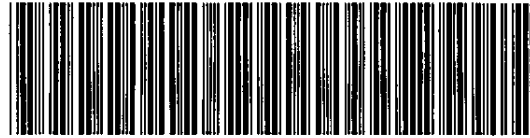
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF SUPERIOR COURT
STATE OF MICHIGAN

B. BOSTICK

SEP 16 2014

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Yoli Works 4 U 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:

GRACE BONE

Name of Person

YOLI WORKS 4 U LLC

Firm/Company

13603 LAS BRISAS WAY

Address

JACKSONVILLE, FL 32224

City/State and Zip Code

sharichiovaro@att.net

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

For further information concerning this matter, please call:

GRACE BONE

Name of Person

904 962-4657

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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YOLI WORKS 4 U LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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 | RODOLFO MACADANGDANG | 525 NAUTICAL BLVD N | <input type="checkbox"/> Add |

ATLANTIC BEACH, FL 32233 ☐ Remove

| | | | |
|-----|------------|----------------------|------------------------------|
| MGR | GRACE BONE | 13603 LAS BRISAS WAY | <input type="checkbox"/> Add |
|-----|------------|----------------------|------------------------------|

JACKSONVILLE, FL 32224 ☐ Remove

| | | | |
|-----|----------------------|---------------------|------------------------------|
| MGR | RODOLFO MACADANGDANG | 525 NAUTICAL BLVD N | <input type="checkbox"/> Add |
|-----|----------------------|---------------------|------------------------------|

ATLANTIC BEACH, FL 32233 ☐ Remove

| | | | |
|------|------------|----------------------|------------------------------|
| AMBR | GRACE BONE | 13603 LAS BRISAS WAY | <input type="checkbox"/> Add |
|------|------------|----------------------|------------------------------|

JACKSONVILLE, FL 32224 ☐ Remove

| | | | |
|--|--|--|------------------------------|
| | | | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

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|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

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| | | | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPTEMBER 3, 2014

Grace Bone

Signature of a member or authorized representative of a member

GRACE BONE

Typed or printed name of signee

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FLORIDA DEPARTMENT OF STATE