

L14000126128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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AUG 15 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: YAMBO PROFESSIONAL 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:

CARLOS YAMBO

Name of Person

YAMBO PROFESSIONAL SERVICES, LLC.

Firm/Company

18528 GRACIE LEE STREET SUITE 2

Address

SPRING HILL FL 34610

City/State and Zip Code

yamboprofessionalservices@gmail.com

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

For further information concerning this matter, please call:

MARCELA YAMBO

at (352) 219-0438

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

\* Correction to prior amendment. Register agent was supposed to stay the same. CY

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

YAMBO PROFESSIONAL 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 08/12/2014 and assigned  
Florida document number L14000126128.

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:

MARCELA YAMBO

New Registered Office Address:

18528 GRACIE LEE STREET SUITE 2

*Enter Florida street address*

SPRING HILL

*City*

Florida

34610

*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

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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>
MGRM	CARLOS YAMBO	18528 GRACIE LEE STREET	<input type="checkbox"/> Add
		SUITE 2	<input type="checkbox"/> Remove
		SPRING HILL FL 34610	<input checked="" type="checkbox"/> Change
MGRM	MARCELA YAMBO	18528 GRACIE LEE STREET	<input checked="" type="checkbox"/> Add
		SUITE 2	<input type="checkbox"/> Remove
		SPRING HILL FL 34610	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 OFFICE OF THE  
 ATTORNEY GENERAL  
 TALLAHASSEE, FLORIDA

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

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TALLAHASSEE, FLORIDA

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ITALIAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: 08/07/2017 (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.

(b) The 90th day after the record is filed.

Dated AUGUST 10, 2017

Signature of a member or authorized representative of a member

CARLOS YAMBO

Typed or printed name of signee