

L15000001533

(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



200278413352

10/26/15--01013--003 **25.00

FILED
15 OCT 26 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 27 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YM INSURANCE 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:

Jorge Espinosa

Name of Person

YM INSURANCE SERVICES LLC

Firm/Company

6992 sw 39th st apt 304

Address

Davie, FL 33314

City/State and Zip Code

yminsllc@gmail.com

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

For further information concerning this matter, please call:

Jorge A Espinosa

954

850-6562

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

FILED
15 OCT 26 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

YM INSURANCE 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 _____ and assigned
Florida document number _____.

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:

JORGE A ESPINOSA

New Registered Office Address:

4948 N PINE ISLAND RD

Enter Florida street address

LAUDERHILL

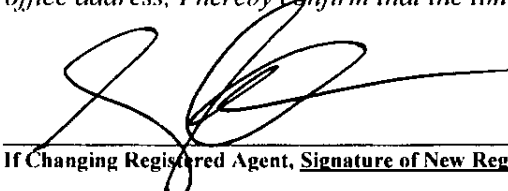
City

Florida 33351

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

- 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>
P	JORGE A ESPINOSA	6992 SW 39TH ST APT I-304	☒ Add
		DAVIE, FL 33314	☐ Remove
			☐ Change
VP	YOMARA MORALES	6992 SW 39TH ST APT I-304	☐ Add
		DAVIE, FL 33314	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
 19 OCT 29 PM 4:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

UPDATE EMAIL YMINSLLC@GMAIL.COM

UPDATE EIN 47-2801343

FILED
15 OCT 23 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

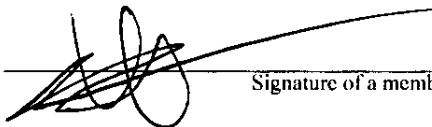
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 October 20th, 2015



Signature of a member or authorized representative of a member

YOMARA MORALES

Typed or printed name of signee