

L15000094303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

623

OCT 19 2015  
11:20 AM



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 8, 2015

HERNANDEZ, YAINELYS  
11205 S.W. 2ND STREET  
MIAMI, FL 33174

SUBJECT: YF1 EXPRESS LLC  
Ref. Number: L15000094303

We have received your document for YF1 EXPRESS 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)(b), 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) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 415A00018869

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** YF1 EXPRESS 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:

ISABEL PENA

Name of Person

LATIN AMERICAN ACCOUNTING SERVICES, INC

Firm/Company

4355 WEST 16TH STREET SUITE 202A

Address

HIALEAH, FL 33012

City/State and Zip Code

lamericanaccounting@mc.com

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

For further information concerning this matter, please call:

ISABEL PENA

Name of Person

305 231-5960  
at ( )

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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TALLAHASSEE, FLORIDA

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

YF1 EXPRESS 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 05/29/2015 and assigned  
Florida document number L15000094303.

This amendment is submitted to amend the following:

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

N/A

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)

11205 SW 2ND STREET

MIAMI, FL 33174

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

P.O BOX 442130

MIAMI, FL 33144

**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:

LATIN AMERICAN ACCOUNTING SERVICES, INC

New Registered Office Address:

4355 WEST 16TH AVENUE SUITE 202A

*Enter Florida street address*

HIALEAH

Florida 33012

*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.*

Isabel Pena

**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>                      |
|--------------|--------------------|---------------------|--|
| MGR          | YAINELYS HERNANDEZ | 11205 SW 2ND STREET | <input type="checkbox"/> Add               |
|              |                    | MIAMI, FL 33174     | <input type="checkbox"/> Remove            |
|              |                    |                     | <input checked="" type="checkbox"/> Change |
| MGR          | YAINELYS HERNANDEZ | P.O BOX 442130      | <input checked="" type="checkbox"/> Add    |
|              |                    | MIAMI, FL 33144     | <input type="checkbox"/> Remove            |
|              |                    |                     | <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            |
|              |                    |                     | <input type="checkbox"/> Add               |
|              |                    |                     | <input type="checkbox"/> Remove            |
|              |                    |                     | <input type="checkbox"/> Change            |
|              |                    |                     | <input type="checkbox"/> Add               |
|              |                    |                     | <input type="checkbox"/> Remove            |
|              |                    |                     | <input type="checkbox"/> Change            |

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

N/A.

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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 SEPTEMBER 3RD, 2015

Signature of a member or authorized representative of a member

YATNELYS HERNANDEZ  
Typed or printed name of signee