# 115000192674

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	<del>= #</del> )
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# **COVER LETTER**

Division of Cor	porations				
SUBJECT:	YLEA LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	WAUTEI	2 PENALOZA Name of Person			
		EA L.L.C. Firm/Company			
		Firm/Company			
	320 1913	I TERRACE Address			
		Address			
	SUNNY 150	Address  ES BEACH, FE  City/State and Zip Code  CHOTMAIL.COM  to be used for future annual report notifiall:  at (305) 922-  Area Code Daytime	. 33160	7. 201	
		City/State and Zip Code		<u>د</u>	13
	MAPEBA	@HOTMAIL.COM	<del>- ::</del>	2 2	1
	E-man address; (	to be used for future annual report nour	ication)		ĩ ĩ
For further information c	oncerning this matter, please co	all:		- 5	1
WALTER	PENALOZA	at ( <u>305)</u> 922-	-0625		3
Name o	of Person	Area Code Daytime	: Telephone Number	· · · · · · · · · · · · · · · · · · ·	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &	

### MAILING ADDRESS:

**Registration Section** 

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number <u>L 15000192674</u>	
The Articles of Organization for this Limited Liability Company were filed on Nove Florida document number <u>L15000192674</u> .	MBER 13, 2015 and assigned
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 designa	tion "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 registered agent and/or the new registered office address here:	records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida str	
City	, Florida

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>	Type of Action
MGR	RODRIGOPENALOZA	320 1915 TERME, SUNLY	ISLES BEACH
		320 1915 TERME, SUNLY FLORIDA, 33160	Remove
			☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change  Add  Remove.
			☐ Change
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ctive date, if other than the date of filing: January 2	4A 2018
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 605.03
e: If the date inserted in this block does not meet the applicable statu ument's effective date on the Department of State's records.	
	·
acord specifies a delayed effective date, but not an eff	factive time, at 13:01 a.m. on the earlier
ecord specifies a delayed effective date, but not an eff ne 90th day after the record is filed.	ective time, at 12.01 a.m. on the earner
A	
ed Jamssey 24th 2018	
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Signature of a member or authorized repr	

Page 3 of 3

Filing Fee: \$25.00