

L16000039810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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03/22/16--01020--015 **35.00

2016 APR -6 P 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

APR 07 2016

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2016

HUGO RAMIREZ
5601 IRVINGTON BLVD.
HOUSTON, TX 77009

SUBJECT: CHANGOYEMAYA ENTERPRISES LLC
Ref. Number: L16000039810

We have received your document for CHANGOYEMAYA ENTERPRISES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 916A00006001

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHANGOTEMAYA ENTERPRISES 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:

Hugo Ramirez

Name of Person

DC & ASSOCIATES

Firm/Company

5601 IRVINGTON BLVD

Address

Houston, Tx 77009

City/State and Zip Code

info@dcandassociates.us

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

For further information concerning this matter, please call:

JOSE DE LA GARZA

Name of Person

at (713) 766-4360

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)

PAID \$35⁰⁰
LOOK AT ATTACHED LETTER

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

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

CHANGO YEMAYA ENTERPRISES 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 2/25/16 and assigned Florida document number L16000039810.

This amendment is submitted to amend the following:

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

CHANGO & YEMAYA ENTERPRISES LLC

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: NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: NA

(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: NA

New Registered Office Address: NA

Enter Florida street address

Florida

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.

NA.
If Changing Registered Agent, Signature of New Registered Agent

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TREASURY
FLORIDA

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Add

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. A small dark speck is located near the center of the page, and another smaller one is slightly below it. The edges of the paper are slightly irregular, suggesting it might be a scan of a physical document.

(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)

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

Dated 3/30/16, _____

 Signature of a member or authorized representative of a member

Hugo RAMIREZ
Typed or printed name of signer

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA