

L17000181368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

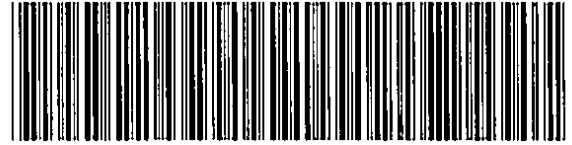
(Business Entity Name)

(Document Number)

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COVER LETTER

L17-181368

TO: **Registration Section**
Division of Corporations

SUBJECT: YRAIDA CHACON 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:

Marisol Carolina Ortega

Name of Person

Firm/Company

1-0065 SW 49th St.

Address

Miramar, Florida 33027

City/State and Zip Code

ysinghorn@gmail.com

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

For further information concerning this matter, please call:

Marisol Carolina Ortega

786

316-119770

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
3661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 26, 2018

MARISOL CAROLINA ORTEGA
140SW 49TH STREET
MIRAMAR, FL 33027

SUBJECT: YRAIDA CHACON LLC
Ref. Number: L17000181368

We have received your document for YRAIDA CHACON LLC and check(s) totaling \$25.00. However, your check(s) and document are being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Enclosed are the forms for the fictitious name and the LLC. In the amendment for the LLC you cannot use the term "SHARES." We will accept "UNITS" or "PERCENTAGE."

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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 418A00024029

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

YRAIDA CHACON 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 Aug 24, 2017 and assigned
Florida document number L17000181368

This amendment is submitted to amend the following:

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

Ysabel 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:

(Principal office address MUST BE A STREET ADDRESS)

14065 SW 49th St.

Miramar, FL 33027

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

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:

Marisol Carolina Ortega

New Registered Office Address:

14065 SW 49th St.

Enter Florida street address

Miramar

City

Florida 33027

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>
MGR	YRAIDA CHACON		<input type="checkbox"/> Add
		17140 Willow Brook Ln	<input checked="" type="checkbox"/> Remove
		Fort Myers, FL 33913	<input type="checkbox"/> Change
MGR	Marisol Carolina Ortega	14065 SW 49th St.	<input checked="" type="checkbox"/> Add
		Memphis, FL 33027	<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

~~Fictitious Name - YSAGOH Document Number - 017000125374~~

9/11/2017 10:32

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 December 7, 2018.

Chacon S Yzaida S

Signature of a member or authorized representative of a member

Yzaida Chacon

Typed or printed name of signer