

LI8 000006206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

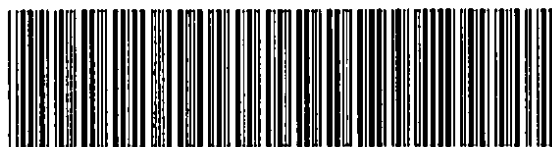
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/30/21--01013--017 **43.75

FILED
2021 JUL -6 AM 8:21
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2021

MARIELBI HUERTA
20419 NE 10 CT
MIAMI, FL

SUBJECT: YUNQUE POUCH LLC
Ref. Number: L18000006206

We have received your document for YUNQUE POUCH LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you sent in is for a Corporation you are a LLC. You will have to file a LLC amendment.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 521A00013839

2021 JUN -6 PM 3:48

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Yunave Pouch 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:

Marielbi Huerta
Name of Person

Yunave Pouch LLC
Firm/Company

20419 NE 10 Court
Address

Miami FL 33179
City/State and Zip Code

yunavepouch@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marielbi Huerta at (813) 481-9653
Name of Person 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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Yonave Pouch LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2021 JUL - 6 AM 8:21
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/08/2018 and assigned
Florida document number L18000006206

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)

20419 NE 10 Court
Miami FL
33179

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:

Marielba Huerta

New Registered Office Address:

20419 NE 10 Court

Enter Florida street address

Miami

City

Florida

33179

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.

[Signature]

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>
AMBR	Maribel Huerta	20419 NE 10 Court	<input type="checkbox"/> Add
		Miami FL 33179	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Norca Perero	20419 NE 10 Court	<input type="checkbox"/> Add
		Miami FL 33179	<input type="checkbox"/> Remove
			<input checked="" 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.)

Each member has many title. We would like to have just one title (AMBR) for both members. Because, we wanted open a bank account and we couldn't because the information was a conflict. The agent from the bank said that we must have only one title and not several, and we had to fix it at the office "Florida Department of State Division of Corporations".

(Attached Copy Annual Report)

Thanks.

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 06/28, 2021.

Signature of a member or authorized representative of a member

Marielbi Huerta

Typed or printed name of signee