1180000 11891

(Requ	iestor's Name)	
nbbA)	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ıment Number)	
·	ŕ	
Certified Copies	Certificates	of Status
		
Special Instructions to Fi	ling Officer:	

Office Use Only



200322838122

01/14/19-~01022--016 *+25.00

1/2/10

COVER LETTER

YEANDRIS SERVICES LLC SUBJECT: 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: EDDY Y FIGUEROA CHAVEZ Name of Person YEANDRIS SERVICES LLC Firm/Company 9805 CYPRESS ST Address TAMPAFL 33635 City/State and Zip Code EDDYMAURO2812@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: EDDYYFIGUEROA CHAVEZ Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

YEANDRIS SERVICES LLC

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

Florida document number 1.18000011891	·	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here	2:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the desi	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE)	T ADDRESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u></u>	
	 	. 7> 1
3. If amending the registered agent and/or the new registered of	**	our records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	a street address
		Florida
	City	Zip Code
ew Registered Agent's Signature, if changing R	Registered Agent:	
hereby accept the appointment as registered rovisions of all statutes relative to the propercept the obligations of my position as registing filed to march reflect a change in the resistant form.	er and complete performance of m stered agent as provided for in Ch	y duties, and I am familiar with and

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>	Address	Type of Action
MGR	EDDY Y CHAVEZ	9805 CYPRESS ST TAMPA FL 33635	□ Add
		-	U Add
			■ Remove
			☐ Change
		□ Remove	
			☐ Change
			Add
			<u></u> ∠□ Remove
			∴ ∴ ∴ Change
			Add
		Remove	
			☐ Change
			☐ Remove
			□ Change
			Add
			☐ Remove
			☐ Change

	三
•	
	3
ive date, if other than the date of filing:ective date is listed, the date must be specific and cannot be prior to date of	(optional) of filing or more than 90 days after filing.) Pursuant to 605,020
If the date inserted in this block does not meet the applicable sta	atutory filing requirements, this date will not be listed a
ent's effective date on the Department of State's records.	
pard appointing a delayed offective date, but act as	officiative times at 17,01 and on the couling
ord specifies a delayed effective date, but not an e 90th day after the record is filed.	errective time, at 12.01 a.m. on the earner of
JANUARY 08 2019	
////	
CPDC	
Signature of a member or authorized re	

Page 3 of 3

Filing Fee: \$25.00