## LIS 0000 89722

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Conffee d Consideration of Charles      |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

|              | gistration Se<br>vision of Cor       |   |   |   |  |                    |        |
|--------------|--------------------------------------|---|---|---|--|--------------------|--------|
| eum urær.    | Y-0-L-0 R                            | ealty LLC   |   |   |  |                    |        |
| SUBJECT:     | T: Name of Limited Liability Company |   |   |   |  |                    |        |
| The enclose  | d Articles of .                      | Amendment and fee(s) are sub-                       | mitted for filing.  |   |  |                    |        |
| Please retur | n all correspo                       | ndence concerning this matter                       | to the following:   |   |  |                    |        |
|              |                                      | Mayra P Ocana                                       |   |   |  |                    |        |
|              |                                      |   | Name of Person  |   |  |                    |        |
|              |                                      | Y-O-L-O Realty LLC                                  |   |   |  |                    |        |
|              |                                      |   | Firm/Company  |   | <del></del>  | •                  |        |
|              |                                      | 5121 SW 198 TE                                      |   |   |  |                    |        |
|              |                                      |   | Address   |   |  |                    |        |
|              |                                      | Southwest Ranches, FL                               | 33332   |   |  |                    |        |
|              |                                      |   | City/State and Zip Cod  | ŗ.  |  |                    |        |
|              |                                      | mayraocanarealtor@gma                               |   |   |  |                    |        |
|              |                                      | F-mail address: (                                   | to be used for future annu-                                     | al report nonfical                                | tion)  | -3                 |        |
| For further  | information c                        | oncerning this matter, please ea                    | ilt;  |   |  | ÇFAF               | _      |
| Mayra Oca    | ena                                  |   |   | 296694  |  | ·                  | •      |
|              | Name o                               | f Person  | Area Code   | Daytime Te  | elephone Number  | 一つ。<br>という:        | ,      |
| Enclosed is  | a check for th                       | ne following amount:                                |   |   |  | ا بر <             | ,<br>, |
| □ \$25.00    | Filing Fee                           | ■ \$30.00 Filing Fee & Certificate of Status        | □ \$55.00 Filing Fee<br>Certified Copy<br>tadditional copy is c |   | S60,00 Filing<br>Certificate of<br>Certified Contaditional conta | of Status &<br>ppy |        |
|              | Registr                              | ING ADDRESS;<br>ation Section<br>on of Corporations | Registr   | ET/COURIER<br>ration Section<br>on of Corporation |  |                    |        |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Y-O-L-O Realty LLC  |  |  |
|---|--|--|
| ( <u>Name of the Limited Liabili</u><br>(A Florida              | ty Company as it now appears on our records.) Limited Enability Company) |  |
| The Articles of Organization for this Limited Liability C       | ompany were filed on 04/09/2018  | and assigned   |
| Florida document number L18000089722                            |  |  |
| This amendment is submitted to amend the following:             |  |  |
| A. If amending name, enter the new name of the lim              | ited liability company here:   |  |
| The new name must be distinguishable and contain the words "Lim | nited Liability Company," the designation "LLC" or t                     | he abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:             |  |  |
| (Principal office address MUST BE A STREET ADDI                 | RESS)  |  |
|   |  |  |
|   |  |  |
| Enter new mailing address, if applicable:                       |  | <u></u>  |
| (Mailing address MAY BE A POST OFFICE BOX)                      |  |  |
|   |  | and assigned  LLC" or the abbreviation "L.L.C."  ords, enter the name of the residence of t |
|   |  | 13   |
| B. If amending the registered agent and/or regis                |  | iter the name of the no  |
| registered agent and/or the new registered office add           | lress here:  |  |
|   |  | <br>   |
| Name of New Registered Agent:                                   |  |  |
| New Registered Office Address:                                  |  |  |
|   | Enter Florida sirect address   |  |
|   |  | a  |
|   | 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.

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 |
|--------------|--------------|-----------------------------|----------------|
| Mr           | Daniel Ocana | 5121 SW 198 TE              |                |
|              |              | Southwest Ranches, FL 33332 | ■ Remove       |
|              |              |                             | ☐ Change       |
|              |              |                             |                |
|              |              |                             | Remove         |
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| ffective date, if other than the date of filing:   |   |               |
| an effective date is listed, the date must be specific and cannot be prior to date of filing or<br><u>Sote:</u> If the date inserted in this block does not meet the applicable statutory fil<br>locument's effective date on the Department of State's records. | more than 90 days after filing.) Pursuant to<br>ing requirements, this date will not be | 605.<br>liste |
| e record specifies a delayed effective date, but not an effective<br>The 90th day after the record is filed.   | e time, at 12:01 a.m. on the ea   | rlie          |
| Dated  |   |               |
|  |   |               |

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Typed or printed name of signee

Filing Fee: \$25.00