118000129165

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100314199131

06/07/10--01010--001 (**25.00)



O SIMMONS JUN 2 1 2018



June 7, 2018

YUNIDR TELLES 18009 WINTER GARDEN AVE PORT CHARLOTTE, FL 33948

SUBJECT: CONSTRUCTION BY YUNIOR LLC

Ref. Number: L18000129165

We have received your document for CONSTRUCTION BY YUNIOR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 118A00011915

RECH CD 2018 JUN 18 PH 3KD WASSING COM

9

COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT: CONST	RUCTION BY	Yonion (CC		
	Name of Limit	ted Liability Company		
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.		
Please return all corresponde	nce concerning this matter t	o the following:		
	YUNIOR TEIL	£5		
		Name of Person		
	· Gull			
		Firm/Company		
	16009 WINTER			
		Address		
	Port Charlons . Fl	. 3394 <i>8</i>		
	,	City/State and Zip Code		
-	PORT CharloTTE; FC YUNION TELLES PA E-mail address: (16	ARRA Q Jahoo,	com	<u> </u>
For further information conc				•
\/ . (_k =		<i>O</i>	115 (5	
$\frac{\sqrt{v N_1 O R} + E R}{\text{Name of Per}}$	rson	at (_ 9 977) Area Code	921 62 Daytime Telep	phone Number
Enclosed is a check for the fo	ollowing amount:			
☑ \$25.00 Filing Fee □	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		□ \$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 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONSTRUTION BY YOU'	or LC	
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on e ed Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 18000 129 165</u> .	ny were filed on <u>MA</u>	4 23 , 2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SSET OF THE PARTY
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter the name of the ne
Name of New Registered Agent:		
		18.3-
New Registered Office Address:	Enter Florida st	reet 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.

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_	Emilsia Osorio Alestra	18009 WINTERGARDEN AVE	
			☑ Remove
			□ Change
M62	DAYAN TEHES DSOLIO	18009 WINTERGARUEN AUS	□ Add
			⊠ Remove
			Change
MOR	YUNION TENES PANNA		Add
		T.S. Z	□ Remove
		CRE MRY	Remove Remove Remove
		Eng.	- 2 -
		JRIDA	Remove
			Change
			🗆 Add
			Remove
			Change
			Add
			□ Remove
			Change

· · · · · · · · · · · · · · · · · · ·	
	
	
	<u> </u>
	SER PO
	G. W
	10 P. S.
	
ffective date, if other than the date of filing:	(optional)
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to tote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of
vated	
S. C.	zed representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00