

L19000030250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

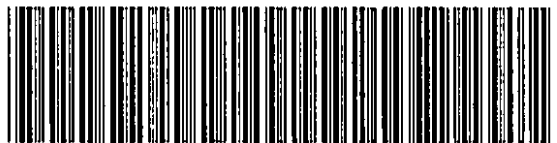
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400350494404

08/17/20--01014--02b ♦\$25.00

2020 Nov 17 PM 6:36

O SIMMONS

OCT 02 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Yellows Tech 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:

Alexandre Baumeige

Name of Person

Yellows Tech LLC

Firm/Company

1640 Harbour Side Dr

Address

Weston FL 33326

City/State and Zip Code

alex@yellows.technology

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

For further information concerning this matter, please call:

Alex Baumeige

305 322-4425  
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 Address:**

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

2020 APR 17 PM 6:36

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Weston Fl. 33326

Miami Beach, Fl. 33239

## Zip Code

**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>       | 2020 AUG 17 PM 6:36 | <u>Type of Action</u>                      |
|--------------|-----------------|----------------------|---------------------|--|
| MGR          | Sergio Menendez | 9965 SW 31ST TERRACE |                     | <input type="checkbox"/> Add               |
|              |                 | MIAMI, FL 33165      |                     | <input checked="" 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            |
|              |                 |                      |                     | <input type="checkbox"/> Change            |
|              |                 |                      |                     | <input type="checkbox"/> Add               |
|              |                 |                      |                     | <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            |
|              |                 |                      |                     | <input type="checkbox"/> Change            |

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

200 AUG 17 PM 6:36

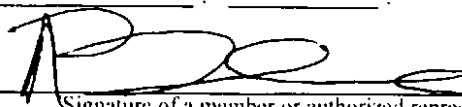
E. Effective date, if other than the date of filing: 08/12/2020 (optional)

(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 08/12/2020



Signature of a member or authorized representative of a member

Alexandre Baumeige

Typed or printed name of signee

Filing Fee: \$25.00