

L19000055556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

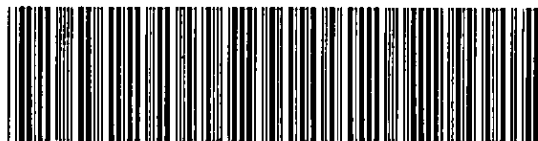
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300338714243

01/09/20--01005--006 \*\*25.00

20 JAN -9 AM 11:17

FEB 06 2020  
C. McNAIR

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: YTG FAMILY HEALTH, LLC

Name of Limited Liability Company

RECEIVED  
20 JAN -9 AM 11:17

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YOELDY TAMAYO GONZALEZ

Name of Person

X

Firm/Company

8811 FONTAINEBLEAU BLVD APT 107

Address

MIAMI FL 33172

City/State and Zip Code

navarropierina31@gmail.com

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

For further information concerning this matter, please call:

YOELDY TAMAYO GONZALEZ

786 532-6750  
at ( )  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

20 JAN -9 AM 11:17  
FILED IN 19000055556

YTG FAMILY HEALTH, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/26/2019 and assigned  
Florida document number L19000055556.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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

**Enter new principal offices address, if applicable:**

8811 FONTAINEBLEAU BLVD APT 107

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI, FL. 33172

**Enter new mailing address, if applicable:**

8811 FONTAINEBLEAU BLVD APT 107

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI, FL. 33172

**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:

New Registered Office Address:

*Enter Florida street 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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**


[illegible]

## N/A

(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)

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 Jan 03, 2020

X  \_\_\_\_\_  
Signature of a member or authorized representative of a member

YOELDY TAMAYO GONZALEZ, MGR

Typed or printed name of signee

**Filing Fee: \$25.00**