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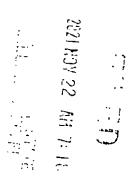
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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A. BUTLER
DEC 1 0 2021

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
YORDANI	A & ANDRES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	YORDANIA ARGUELLI	ES LEON	
		Name of Person	<del>-</del> -
	YORDANIA & ANDRES	LLC	
		Firm/Company	<del></del>
	28264 SW 133RD AVE		
		Address	
	HOMESTEAD, FL 33033		
		City/State and Zip Code	
	YORDANIAARGUELLES	<del>-</del>	
		to be used for future annual report not	incation)
For further information c	oncerning this matter, please c	ait:	
YORDANIA ARGUELI	LES LEON	305 321-4008 at ( )	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration Sc	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		<del>(</del> )
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YORDANIA & ANDRES LLC			2021 NOV 22 AH 7: 15
(Name of the Limi	ited Liability Compa	iny as it now appears o Liability Company)	n our records.)
The Articles of Organization for this Limited L Florida document number L19000160059	Liability Company	were filed on 06/18	/2019 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here	:
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	E <u>T ADDRESS)</u>	28264 SW 133RD	AVE
		HOMESTEAD, FI	_ 33033
Enter new mailing address, if applicable:		28264 SW 133RD	AVE
(Mailing address MAY BE A POST OFFICE BOX)		HOMESTEAD, FI	_ 33033
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our reco	ords, <u>enter the name of the new register</u>
Name of New Registered Agent:	YORDANIA ARGUELLES LEON		
New Registered Office Address:	28264 SW 133	RD AVE	
	-	Enter Florida	street address
	HOMESTEAU	)	, 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>	Name	Address	Type of Action
MGR	YORDANIA ARGUELLES LEON	28264 SW 133RD AVE	
		HOMESTEAD,FL 33033	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
		<del></del>	□Remove
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If an ef Note:	ive date, if other than the date of filing:  [11/17/2021]  (optional)  lective 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 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them?'s effective date on the Department of State's records.
e recoi	d 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 led.
Dated	11/17/2021
	La Salas
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00