

6/17/2020

Division of Corporations

Florida Department of State
Division of Corporations
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2023-05-18 11:01

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
YV EQUIPMENT SALES LLC**

Certificate of Status	0
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CONCLUSIONS

JUN 19 2020

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June 18, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

YV EQUIPMENT SALES LLC
11259 NW 88 AVE
BIALEAH GARDENS, FL 33018US

SUBJECT: YV EQUIPMENT SALES LLC
REF: L19000273322

We have received your document for YV EQUIPMENT SALES LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000116779.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons FAX Aud. #: H20000184879
Regulatory Specialist II Supervisor Letter Number: 420A00012066

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

YV EQUIPMENT SALES 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 11/14/2019 and assigned Florida document number L19000273322.

This amendment is submitted to amend the following:

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

YV FAMILY INVESTMENT LLC

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

N/A

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

, 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>	<u>Address</u>	<u>Type of Action</u>
	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change

2020 JUL 18 AM 11:01

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

NONE

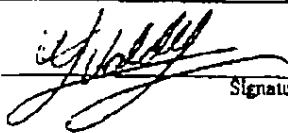
E. Effective date, if other than the date of filing: _____ (optional)

(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 JUNE 16, 2020



Signature of a member or authorized representative of a member

YANKIEL VALDES

Typed or printed name of signer