## LZ0000 161487

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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AUG 2 5 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Division of C				
	n Holdings LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	Edward Balado			
		Name of Person		<del> </del>
	Yorktown Holdings LLC			
		Firm/Company		
	1800 SE 18 Ter			
		Address		
	Homestead, Florida 33035	į		
		City/State and Zip C	ode	<del> </del>
	ebalado@gmail.com			
For further information	n concerning this matter, please c	to be used for future an all:	nuai report noun	cation)
Edward Balado		305	322-7864	
Nam	e of Person	at ( Area Code	Daytime	Telephone Number
Enclosed is a check for	r the following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing I Certified Cop (additional copy i	y	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add			et Address:	ion
Registration of	n Section Corporations		istration Sectision of Corp	
P.O. Box 6			Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yorktown Holdings LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	Y Company as it now appears on our records.) Limited Liability Company)	- '\display 1
The Articles of Organization for this Limited Liability C	ompany were filed on June 11, 2020	ວ່າ and assigned
Florida document number L20000161487	<del></del> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	<del></del>
	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
AMBR	Stephen Linares	1782 Scarlett Ave North Port, Florida 34289	🗏 Add
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			Change
	<del></del>		□Add
			□Remove
			Change
			□Add
		<del> </del>	Remove
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Tective date, if other than the date of	filing:		(optional)	
n effective date is listed, the date must be speci ote: If the date inserted in this block does	fic and cannot be prior to		an 90 days after filing.) Pursi	
ocument's effective date on the Departmen		ic statutory filling requ	unements, this date with	ot be fisied a
ecord specifies a delayed effective date, b	ut not an effective time	e, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
is filed.				
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ated July 8 York town Ho	11. 110	η		