

L20000195205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

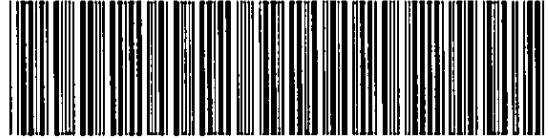
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500350370225

08/14/20--01007--002 **25.00

2020 AUG 14 PM 2:13
TALLAHASSEE, FL
SECRETARY OF STATE

FILED

D. BRUCE
OCT 04 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YEMALLA & OCHUN JET SKI RENTALS 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:

FABIOLA TEJADA

Name of Person

YEMALLA & OCHUN JET SKI RENTALS LLC

Firm/Company

617 AMELIA CIR

Address

BELLE GLADE, FL 33430

City/State and Zip Code

md.usservices@gmail.com

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

For further information concerning this matter, please call:

FABIOLA TEJADA

305 783-1124
at () Daytime Telephone Number

Name of Person

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 AUG 14 PM 2:43
FILED
TALLAHASSEE
SECH

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

YEMALLA & OCHUN JET SKI RENTALS 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 JULY 08, 2020 and assigned
Florida document number L20000195205.

This amendment is submitted to amend the following:

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

YEMALLA & OCHUN BOTANICA 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2020 AUG 14 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FL

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

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>
AMBR	LAZARA PARETS-TELLEZ	1016 NE 23RD ST	<input checked="" type="checkbox"/> Add
		BELLE GLADE FL 33430	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2008 AUG 24 P 2:18
TALLAHASSEE, FL
STATE OF FLORIDA

2020 AUG 14 PM 2:13
SEUNGJIN LEE FILE
TAL AHASSI FILE

2020 AUG 14 PM 2:13
SECURITY FILE
TALLAMUSSE, FL

77
- 2
1.25
77
- 2
1.25

(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.

Leah Wright

Typed or printed name of signee

Filing Fee: \$25.00