	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
☐ POK	. ji? WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies.	Certificates of Status
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MAY 26 2021 I ALBRITTON



May 21, 2021

CAPITAL CONNECTON, INC.

SUBJECT: YEYA HOMECARE AND HOUSEKEEPING SERVICES L.L.C

Ref. Number: L20000262855

We have received your document for YEYA HOMECARE AND HOUSEKEEPING SERVICES L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The first page is missing.

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Irene Albritton Regulatory Specialist II

Letter Number: 221A00010896

www.sunbiz.org

DO DOM COM MILL DOOR

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Art of Inc. File					
Art of Inc. File LTO Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Netger File Att. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Owner Search Fictitious Owner Search Vehicle Search Driving Record Name Date Time UCC 11 Search	YeYa Homecare and	Housekeeping	g 5		
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		Will Pick Up			Courier

COVERTETTER

TO: Registration Se Division of Cor			
SUBJECT: Ve ya	Home Cave Name of Limi	and House Kee ted Liability Company	Ping Services LLC
The enclosed Articles of	Amendment and fec(s) are sub-	nitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	Matil	Le Raffo Name of Person	
	Yeya Home	Care and Hous	e keeping Servius LLC
	12401 5	NW 20th Ter	<u> </u>
	Miami	PU 3:3175 City/State and Zip Code	
	Veyce (affu E-mail address: (1	o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca		
Matide Name o	Raffo f Person	at (784) 374 Area Code Daytime	D - 68 21 Telephone Number
Enclosed is a check for the	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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle

2661 Executive Center Circle Tallahassec, FL 32301

STREET/COURIER ADDRESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jeya Home Care and Name of the Limited Liability Con	HOUSE KEEDING Se upany as it now appears do our records.) ed Liability Company)	rvices LLC
The Articles of Organization for this Limited Liability Compa	inv were filed on 8 24 20	12] and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	lability Company," the designation "LLC" or t	he abbreviation T. L.C."
Enter new principal offices address, if applicable:		The state of the s
(Principal office address MUST BE A STREET ADDRESS)		William Control of the Control of th
		S T
		3 5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address t		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	Zip Code
New Registered Agent's Signature of changing Registered Age	ant:	

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Matilde Raffo	12401 SW 20th Ten	□ Add
		Miami Rl. 33175	□ Remove
			Change
			O Add
			☐ Remove
			☐ Change
			
			Remove
			Change
			🗆 Add
			🗆 Remove
			Change
			Add
			☐ Remove
			Change
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			☐ Remove
			Change

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(lf an ef. <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	5/25 2021.
	Signature of a member or authorized epresentative of a member
	Typed or printed nameworksides

Page 3 of 3

Filing Fee: \$25.00