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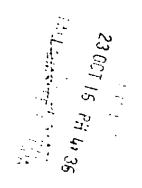
(Requestor's Name)
(Address)
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
CUDII		E TISSY LLC		
SUBJI	ECT:	Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		SONNEL SUFFRA		
			Name of Person	· <u> </u>
		YVONETTE TISSY LLC		
]			Firm/Company	
}		6180 WILES ROAD APT	206	
			Address	
		CORAL SPRINGS, FL 33	067	
			City/State and Zip Code	
		SONNELSUFFRA@ICLO		
		E-mail address: (to be used for future annual report noti	fication)
For fu	rther information c	oncerning this matter, please ca	all:	
SONN	VEL SUFFRA		954 415-3259 at ()	
	Name o	f Person		e Telephone Number
Enclos	sed is a check for th	ne following amount:		
≡ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YVONETTE SUFFRA

(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 Compa	any were filed on 11/17/2020	and assigned
Florida document number 1.20000364285		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
YVONETTE TISSUS LLC		
The new name must be distinguishable and contain the words "Limited Li	iability 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)	<u> </u>	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi- agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new registered
ent and the tree regions and the same		
Name of New Registered Agent:		
<u> </u>		
New Registered Office Address:	Enter Florida street addres	SS
	C1	orida
	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 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
MGR	YVONETTE SUFFRA ORELUS	6180 WILES ROAD APT 206	⊒ Add
		CORAL SPRINGS, FL 33067	□ Remove
			
			□Add
			□Remove
			□ Change
			□ Add
			Remove
			□Change
			□Add
			Remove
			Change
			□ Add
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n eff o <u>te:</u>	ve date, if other than the date of filing:
ecor is fi	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 ed.
ted	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	V