## L21000062504

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## **COVER LETTER**

TO: Registration Section Division of Corporations Y & Y INSURANCE SERVICES LLC SUBJECT: 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: YURIAMNI PILOTO Name of Person Firm/Company 2704 2ND STREET SW Address LEHIGH ACRES, FL 33976 City/State and Zip Code yuriamni 10@icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YANDY GARCIA 786 600-9506 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Y & Y INSURANCE SERVICES	LLC	
(Name of the Limi	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited L Florida document number 1.21000062504	Liability Company were filed on	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
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 appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:	YANDY GARCIA	10
New Registered Office Address:	2704 2ND STREET SW	<u> </u>
- <del>-</del>	Enter Florida street address LEHIGH ACRES	33976
	. Florid	aZip 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> MGR	<u>Name</u> YANDY GARCIA	Address 2704 2ND STREET SW. LEHIGH ACRES, FL 33976	Type of Action
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FIUIL.	if the date inser	er than the date d. the date must be s ted in this block d late on the Depart	oes not me	et the appl	icable statut	ling or more th ory filing req	(optio मा 90 days after i sirements, this	<b>nal)</b> filing.) Pursuant date will not b	to 605.0207 be listed as
e record rd is fil	d specifies a dela led.	ayed effective date	e, but not a	n effective	time, at 12:0	) I a.m. on the	earlier of: (b)	The 90th day	y after the
	MARCH, 8			2021					
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