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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Se Division of Cor		, .	
	GONZALEZ DEL RISCO	•	
SUBJECT:	Name of Lim	ited Liability Company	 -
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	YOANKI GONZALEZ DI	EL RISCO	
		Name of Person	
	Y&K GONZALEZ, LLC		
		Firm/Company	
	7025 FOUNTAIN AVE		
		Address	
	TAMPA, FL 33634		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	Q.
YOANKI GONZALEZ	DEL RISCO	786 346-4669	7.027
Name o	of Person	Area Code Daytime Telephon	27
Enclosed is a check for the	he following amount:		≥ .il
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration !		Street Address: Registration Section	
Division of C	Corporations	Division of Corporation	
P.O. Box 632	27	The Centre of Tallahasse	ee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Y&K GONZALEZ, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/30/2021	and assigned
Florida document number 1.21000202273		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	hity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6910 W WATERS AVE APT 814	
Principal office address MUST BE A STREET ADDRESS)		
	TAMPA FL 33634	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		2021
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new regi
the free regional district address for the		2
Name of New Registered Agent:		. : 1
		= J
New Registered Office Address:	Enter Florida street address	
		-
	. Florida	

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.

City

Zip Code

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	YOANKI GONZALEZ DEL RISC O	6910 W WATERS AVE APT 814	= Add
		TAMPA FL 33634	□Remove
			☐ Change
			□ Add
			□Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of the effective date inserted in this block does not meet the applicable statument's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.0. story filing requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective time, at 12: s filed.	(01 a.m. on the earlier of; (b) The 90th day after t
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Signature of a member or authorized repre	