

L21000282557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

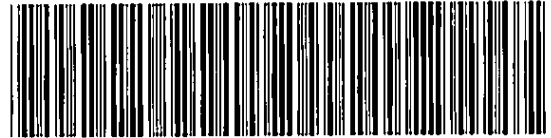
(Document Number)

Certified Copies _____

Certificates of Status ✓x2

Special Instructions to Filing Officer

Office Use Only



900370613809

08/12/21--01002--007 **35.00

RECEIVED
2021 AUG 12 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 12 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capital Yield 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:

Gabriel Bonassi
Name of Person

Capital Yield LLC
Firm/Company

2221 Orange Ave E, Apt 814
Address

Tallahassee, Florida, 33178
City/State and Zip Code

gabrielash111@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriel Bonassi at (305) 613-5917
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status
X2 | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Capital Yield 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 6/17/2021 and assigned Florida document number L21000282557

This amendment is submitted to amend the following:

A. If amending name, enter the new name 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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

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>
<u>AMBR</u>	<u>Gabriel Bonassi</u>	<u>11341 NW 64th Ter</u>	<input type="checkbox"/> Add
		<u>Doral, FL, 33178, USA</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Thomas Samuelson</u>	<u>4505 South Ocean Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Apt. 104, Highland Beach, FL</u>	<input type="checkbox"/> Remove
		<u>33378, USA</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Logan Curman</u>	<u>143 Waverly Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Alpharetta, GA, 30004,</u>	<input type="checkbox"/> Remove
		<u>USA</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Daniel Tobon</u>	<u>5572 NW 114th Ave</u>	<input type="checkbox"/> Add
		<u>#103, Doral, FL, 33178,</u>	<input type="checkbox"/> Remove
		<u>USA</u>	<input checked="" 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

[illegible]

(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.

Dated 8/12/2021

Gabriel Bonase
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Gabriel Bonassi

Typed or printed name of signee