## L >1000 305657

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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To: IRS Department of the Treasury

Internal Revenue Service

Ogden, UT 84201-0034

I am writing to inform you that Yeli Balloons LLC mistakenly duplicated the name of Garrido, Yelitza D, occupying two positions, one as MGR and the other as AMBR, we have already proceeded to make the amendment where the duality of the name of Garrido, Yelitza is eliminated. D Title AMBR. Remaining as MGR Garrido, Yelitza D as sole owner.

Garrido, Yestza D

Title MGR

YELI BALLOONS LLC



## **COVER LETTER**

	Registration S Division of C					
SUBJEC		LLOONS LLC				
SOBJEC		Name of Lim	ited Liability Company		-	
The enclo	osed Articles o	of Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all corres	pondence concerning this matter	to the following:			
		GARRIDO, YELITZA D				
			Name of Person		<del></del>	
		GARRIDO, YELITZA D				
			Firm/Company		<del></del>	
		3099 NW 16TH STREET	APT 1	-	2023 SF	
			Address		<u></u>	
		MIAMI, FL 33125		2.	., e	; 
			City/State and Zip Code		T E	; i
		DRA.GARRIDO41@GMA				
		E-mail address: (	to be used for future annual report notific	ation)	<u> </u>	
For furth	er information	concerning this matter, please c	all:			
GARRIE	OO, YELITZA	, D	786 603-5385			
	Name	of Person	Area Code Daytime	l'elephone Numb	er	
Enclosed	l is a check for	the following amount:				
□ <b>\$</b> 25.0	00 Filing Fee	S30.00 Filing Fcc & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of State ed Copy nal copy is end	us &
	Mailing Addr Registration		Street Address: Registration Sect	ion		
	Division of	Corporations	Division of Corpo	orations		
	P.O. Box 63		The Centre of Ta 2415 N. Monroe		910	
	Tallahassee	, FL 32314	Tallahassee, FL 3		010	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YELI BALLOONS LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our reco	<u>ords.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 07/02/2021	and assigned
lorida document number L21000305657		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	.LC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	1420 NW 30 AVE	
Principal office address MUST BE A STREET ADDRESS)	MIAMI,FL 33125	023 SE
		<u> </u>
		÷
inter new mailing address, if applicable:	1420 NW 30 AVE	Fig. 3. Ti
Mailing address MAY BE A <u>POST OFFICE BOX</u> )	MIAMI,FL 33125	C
		₽Æ <b>-</b>
3. If amending the registered agent and/or registered office a	address on our records, <u>ent</u>	ter the name of the new reg
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	iress
		Florida
<del></del>	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>	<u>Address</u>	Type of Action
AMBR	GARRIDO, YELITZA D	3099 NW 16TH STREET APT 1	□Add
		MIAMI, FL 33125	■Remove
			□Add
			□Remove
			□Change
<del></del>			Add
			Remove
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			Remove
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			□Remove
			□Change

	ERROR		
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ctive date, if other than the date	of filing:	(	(optional)
effective date is listed, the date must be sp : If the date inserted in this block do	ecific and cannot be prior to date of	of filing or more than 90 days	s after filing.) Pursuant to 605.
ment's effective date on the Departm		idiory illing requirement	5, 1115 Care 1111 1151 1151 1151
ord specifies a delayed effective date filed.	, but not an effective time, at	12:01 a.m. on the earlier	of: (b) The 90th day after
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d 01 05	2023		2023 . St.
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	10 11/11 0		<i>*</i>

Filing Fee: \$25.00