121000339243

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		, ,
		8/17/31 TII)

Office Use Only



200370884142

08/05/21--01016--028 **25.00

21 AUG - 5 PM 4: 33

COVER LETTER

TO: Registration Se Division of Cor			
	LICER REMODELING LLC		
SUBJECT:	Name of Limi	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:	
	Yanoski Manuel Pellicer I		
		Name of Person	
	Y&Y PELLICER REMOD	DELING LLC	
		Firm/Company	
	1832 Dalamon ST		
		Address	
	Jacksonville, FL 32211		
		City/State and Zip Code	
	yanoskipellicer@gmail.com	to be used for future annual report notification)	
For further information of	concerning this matter, please c		
Yanoski Manuel Pellice	r Flores	786 451-9221 at()	
Name e	of Person	Arca Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
<u>Mailing Addre</u> Registration		Street Address: Registration Section	
Division of C		Division of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 AUG -5 PM 4: 33 OF

Y&Y PELLICER REMODELING LLC	
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <a href="https://example.com/limited/liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/Liability/L</th><th>were filed on 07/27/2021 and assigned</th></tr><tr><td>This amendment is submitted to amend the following:</td><td></td></tr><tr><td>A. If amending name, enter the new name of the limited liab</td><td>ility company here:</td></tr><tr><td>N/A</td><td></td></tr><tr><td>The new name must be distinguishable and contain the words " liabil<="" limited="" td=""><td>hity Company," the designation "L.L.C." or the abbreviation "L.L.C."</td>	hity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1832 Dalamon ST
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32211
Enter new mailing address, if applicable:	1832 Dalamon ST
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32211
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent: N/A	
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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

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

'			914	1: 33	
21	AUG	-2	, , ,	14: 33	

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Yanoski Manuel Pellicer Flores	1832 Dalamon ST — Jacksonville, FL 32211	
			□Remove
			□Change
			□ A dd
			□Remove
			[]Change
			□ Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
			DRemove
			□Change
			🗀 Add
			□Remove
			□Change

34 36 T A 3 W A 33

_	
-	
_	
_	
_	
_	
_	
_	
_	
	07/27/2021
lf an effec <u>Note:</u> I	ce date, if other than the date of filing: (optional) (itive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
e 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 d.
	. /
rd is file	August 02 , 2021)///
rd is file	Signature of a member or authorized representative of a member

Filing Fee: \$25.00