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22 MAY 12 AM 8: 39

T. MATTHEWS
JUL 12 2022

## **COVER LETTER**

Registration Section Division of Corporations

TO:

YOY REA	L STATE & INVESTOR LL	С			
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:			
	YOLANDA LIMA				
	$\frac{1}{2}$	Name of Person			
		1			
	- Jui	Firm/Company	<del></del>		
	16762 CW 12DD CT	, ,			
	15753 SW 43RD ST				
		Address			
	MIAMI FL 33185				
		City/State and Zip Code			
	YOYINVESTOR@GMAIL	COM			
	E-mail address: (	to be used for future annual report not	ification)		
For further information of	oncerning this matter, please c	all:			
YOLANDA LIMA		305 5193139			
Name o	of Person	at () Area Code Daytin	ne Telephone Number		
		•	•		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration So	ection		
Division of C		Division of Corporations			
P.O. Box 632		The Centre of Tallahassee			
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE BIVISION OF CORPORATION

YOY REAL STATE & INVESTOR LLC

22 MAY 12 AM 8: 39

(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 I	Liability Company w	vere filed on 01/03/2022	and assigned
Florida document number L22000006043			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia <u>bil</u>	ity company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designatio	n "LEC" 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	E BOX)		
B. If amending the registered agent and/or	4'	ldress on our records,	enter the name of the new register
agent and/or the new registered office addre	ess here:		
	N/A		
Name of New Registered Agent:	1071		
New Registered Office Address:		.=	<u></u>
		Enter Florida stree	t address
			Florida
		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 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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	LESTER TRAVIESO	7107 SW 113 AVE MIAMI FL 33173	■Add
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			□Change
			□Remove
			□Change
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<u>Note:</u> If t	date, if other to we date is listed, the he date inserted is effective date	in this block do	es not me	et the applic	able statutory	g or more than of filing require	(option 00 days after fil ements, this d	al) ing.) Pursuant to 60 ate will not be li	05,0207 sted as
	ecifies a delaye	d effective date,	but not ar	i effective t	ime, at 12:01	a.m. on the ea	nrlier of: (b)	The 90th day aff	ter the
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d is filed.	May	_3	···································	111	<u>*</u> .				
d is filed.	May	3		Hu	orized represen				