

122000054809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

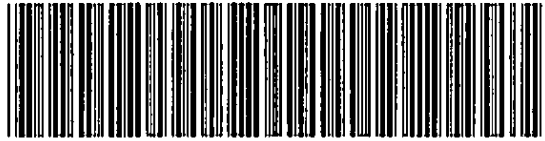
Special Instructions to Filing Officer:

Q. SILAS

2-1-2

3/31/22

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03/03/22--01025--001 **25.00

FILED
2022 MAR 31 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2022

MARCELO GAITAN ESTABRIDIS
269 TAFT DR
DAVENPORT, FL 33837

SUBJECT: M.Y. HOME GROUP "L.L.C."
Ref. Number: L22000054809

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

If amending authorized person(s) authorized to manage, please select the type of action for each person listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 422A00006004

COVER LETTER

TO: Registration Section
Division of Corporations

RECEIVED

SUBJECT: M.Y. HOME GROUP "LLC"
Name of Limited Liability Company

2022 MAR 31 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marcelo Gaitan Estabridis

Name of Person

M.Y. Home Group "LLC"

Firm/Company

269 Taft Dr

Address

Davenport FL, 33837

City/State and Zip Code

marcelo_estabridis@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcelo Gaitan Estabridis

863 399-5675

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <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

FILED

2022 MAR 31 PM 1:09

M.Y. HOME GROUP "LLC"

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 02/01/2022 and assigned
Florida document number L22000054809

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Marcelo Gaitan Estabridis "LLC"

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:

269 TAFT DR DAVENPORT FL 33837

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

269 TAFT DR DAVENPORT FL 33837

(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

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 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>
MGR	MARCELO GAITAN ESTABRIDI	269 TAFT DR DAVENPORT FL 33837	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	YELIXA M PEREZ MEDINA	269 TAFT DR DAVENPORT FL 33837	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<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)

Dated February 22th 2022

Marcelo Gaitan Estabridis

Filing Fee: \$25.00