

122000097742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

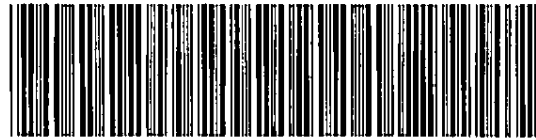
(Document Number)

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2022 OCT -7 PM 12:13

10/20/2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: YUCON 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:

ANDRES SANCHO

Name of Person

Firm/Company

2393 S CONGRESS AVE STE 103

Address

WEST PALM BEACH, FL 33406

City/State and Zip Code

ANDRES.SANCHO@GMAIL.COM

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

For further information concerning this matter, please call:

ANDRES SANCHE	561	389 - 8529
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the 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)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2022

ANDRES SANCHO  
2393 S CONGRESS AVENUE  
SUITE 103  
WEST PALM BEACH, FL 33406

SUBJECT: YUCON LLC  
Ref. Number: L22000097742

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

The document must be signed by a member or an authorized representative of a member.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 522A00016597

RECEIVED  
OCT 6 7 2022

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2022 OCT -7 PM 12:13

YUCON 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 02/24/2022 and assigned  
Florida document number L22000097742.

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*

\_\_\_\_\_, **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	Juan A Silberstein Heymann	SENDERO LA PENINSULA 2856	<input type="checkbox"/> Add
		SANTIAGO, CL 76901-16 CL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jose E. Konar Silva	Fray Leon 12621 Depto 303	<input checked="" type="checkbox"/> Add
		Las Condes, Santiago, Chile	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rodrigo Lobo Salamovich	Camino Las Ardillas 10665	<input checked="" type="checkbox"/> Add
		Lo Barnechea, Santiago, Chile	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nicolie Konar Elder	Camino Las Ardillas 10665	<input checked="" type="checkbox"/> Add
		Lo Barnechea, Santiago, Chile	<input type="checkbox"/> Remove
			<input 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]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April, 5th

Signature of a member or authorized representative of a member

Andres Sancho

Typed or printed name of signee