

h22000134046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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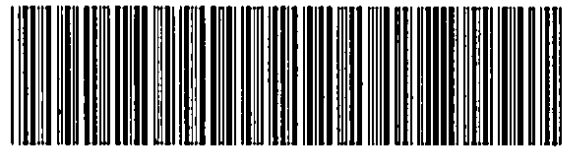
(Business Entity Name)

(Document Number)

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FILED
2022 MAY -2 AM 7:33
TAMPA, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YONFANMI 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:

Lazare JEAN
Name of Person
YONFANMI
Firm/Company
4258 SW 134th ave
Address
Miramar, FL 33027
City/State and Zip Code
jeanlazare53@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lazare JEAN at (786) 8487833
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 MAY -2 AM 7:33

YONFANMI LLC

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

DATE
FILED
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on March 17, 2022 and assigned Florida document number L22000134046.

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	HILAIRE, KARL JERRY	96 NW 87 th Street	<input type="checkbox"/> Add
		EL PORTAL, FL 33150	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLY, TESNOR	400 NE 30 th CT	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LAZARRE, JONATHAN	4010 EASTRIDGE CIRCLE	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HAROLD, PIERRE	613 WW 3 rd AVENUE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33311	<input checked="" 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

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(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)

If the 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 record is filed.

Dated 04 APRIL 23, 2022

Lazare JEAN
Typed or printed name of signee

Filing Fee: \$25.00