

7/2/23, 12:38 PM

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L22000182087

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To: Division of Corporations
Fax Number : (850)617-6383

⑤ PAGES

From: Account Name : LORETTA VALERO-SMITH
Account Number : I20210000138
Phone : (561)674-5575
Fax Number : (561)282-6317

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: loretta@awstaxes.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LEPRIME YAMATO LLC

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M. SOLOMON

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COVER LETTER

H 230002338803

TO: Registration Section
Division of Corporations

SUBJECT: LEPRIME YAMATO 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:

LORETTA VALERO-SMITH

Name of Person

AWS BOOKKEEPING & ACCOUNTING INC.

Firm/Company

1300 N FEDERAL HWY SUITE 1047

Address

BOCA RATON, FL 33432

City/State and Zip Code

LORETTA@AWSTAXES.COM

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

For further information concerning this matter, please call:

LORETTA VALERO-SMITH

Name of Person

561 674-5575
at ()
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H230002338803

LEPRIME YAMATO 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 05/03/2022 and assigned
Florida document number L22000182087

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:

AWS BOOKKEEPING & ACCOUNTING INC.

New Registered Office Address:

1300 N FEDERAL HWY SUITE 107

Enter Florida street address

BOCA RATON

Florida 33432

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

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CLERK OF STATE
TALLAHASSEE FLORIDA

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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	SOLIS, CAMILO J	1904 S. OCEAN DRIVE APT #1703	<input type="checkbox"/> Add
		HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AXEL, CONRADO T	1904 S. OCEAN DRIVE APT #1703	<input type="checkbox"/> Add
		HALLANDALE, FL 33009	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SECRETARY OF STATE
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 STATE OF FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARY OF STATE
WASHINGTON, D.C. 20520

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E. Effective date, if other than the date of filing: _____ (optional)


Effective date, if other than the date of filing: _____ (optional)
(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)

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.

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 JUNE 30TH

2023



Signature of a member or authorized representative of a member

CAMILO J SOLIS

Typed or printed name of signee

Filing Fee: \$25.00