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03/29/23--01012--030 \*\*25.00



R. HUNT 03/25/27

## COVER LETTER

TO:	Registration Solution of Co				
enore		ABRERA LLC			
SUBJE	CI:	Name of Lim	nited Liability Company	<del>.</del>	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		YAIXY CABRERA			
			Name of Person		
		YAIXY CABRERA LLC			
		<del></del>	Firm/Company	<del></del>	
		5113 CAREY RD			29 K K 29
			Address	7	స్త్
		TAMPA, FL 33624			
		<del></del>	City/State and Zip Code	[:1:a	PH -: 5:
		ycabrera757@gmail.com			
		E-mail address: (	to be used for future annual report notif	fication) r-i	CI
For furt	her information of	concerning this matter, please c	all:		
YAIXY	CABRERA		813 412-9468		
	Name o	of Person	Area Code Daytime	e Telephone Number	_
Enclose	d 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 For Certificate of Societified Copy (additional copy is	Status &
	Regist	JING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Sectio Division of Corpor	n	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YAIXI CABRERA LLC		<u> </u>	
(Name of the Limite	d Liability Compa A Florida Limited	inv as it now appears on Liability Company)	our records.)
he Articles of Organization for this Limited Li	ability Company	were filed on 07/01/	2022 and assigned
lorida document number L22000296509	<del></del> •		
nis amendment is submitted to amend the follo	wing:		
. If amending name, enter the new name of	the limited liab	ility company here:	
AIXY CABRERA LLC			
ne new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STREET ADDRESS)		N/A	30
Inter new mailing address, if applicable:		N/A	12
			7
		N/A	17129 <b>(</b> 212)
<u> ailing address MAY BE A POST OFFICE I</u>	<u>30X)</u>	N/A	
		N/A	
. If amending the registered agent and/o	fice address her	ffice address on ou	ir records, <u>enter the name of th</u>
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida	street address
	N/A		, 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>	Type of Action
N/A	N/A	N/A	
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cansiote:  If the date inserted in this block does not meet ocument's effective date on the Department of State	the appli	or to date c			90 days a		g.) Pursu:		
	. but n	ot an e	ffective	time,	at 12:0	1 a.m.	on th	e earl	ier (
	., •••								
The 90th day after the record is filed.	023	 U/1/1							
e record specifies a delayed effective date. The 90th day after the record is filed.  ated MARCH 14 2  Signature of a mem	023	 U M horizeď re	presentativ	'e of a me	mber				

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