## L22000367740

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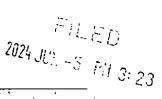
## **COVER LETTER**

TO: Registration Se Division of Cor				
ŸGONGOI	RANP LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	YOVANY GONGORA			
		Name of Person		
	YGONGORANP LLC			
		Firm/Company		
	330 SW 27TH AVE SUIT	E 305		
		Address		
	MIAMI, FŁORIDA 33135			
		City/State and Zip Code		
	ygongoranp@gmail.com E-mail address: (	to be used for future annual report noti:	fication)	
For further information c	oncerning this matter, please co			
YOVANY GONGORA	APRN	786 562-7479 at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fec & 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	Street Address: Registration Se		
Division of Corporations		Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



YGONGORANP 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 \_\_\_\_\_08/221/2022 and assigned Florida document number L22000367796 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." 330 SW 27TH AVENUE Enter new principal offices address, if applicable: SUITE 305 (Principal office address MUST BE A STREET ADDRESS) MIAMI, FLORIDA 33135 330 SW 27TH AVENUE Enter new mailing address, if applicable: SUITE 305 (Mailing address MAY BE A POST OFFICE BOX) MIAMI, FLORIDA 33135 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 \_

## 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.

City

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>	Address	Type of Action
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			□ Remove
			□ Change
			□Remove
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fective date, if other than the date of effective date is listed, the date must be offer. If the date inserted in this block current's effective date on the Department's	specific and cannot be prior does not meet the applic	to date of filing or more t	(optional) han 90 days after filing.) Pur quirements, this date will	suant to 605.0207 not be listed as
ecord specifies a delayed effective da is filed.	te, but not an effective ti	ime, at 12:01 a.m. on th	ne earlier of: (b) The 90	th day after the
APRIL 14TH	2024			
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