

L22000395 544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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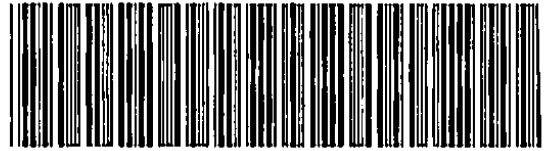
(Business Entity Name)

(Document Number)

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2022 NOV 28 PM 11:40

TO: Registration Section
Division of Corporations

SUBJECT: L&Y VENTURES SOLUTIONS 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:

YORLUIS RODRIGUEZ DELGADO

Name of Person

L&Y VENTURES SOLUTIONS LLC

Firm/Company

1450 NW 1ST TER

Address

CAPE CORAL ,FL 33993

City/State and Zip Code

YORLUISRD21@GMAIL.COM

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

For further information concerning this matter, please call:

YORLUIS RODRIGUEZ DELGADO

239

318-8925

at ()

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
NOV 28 2022

2022 NOV 28 PM 11:46

TO
ARTICLES OF ORGANIZATION
OF

L&Y VENTURES SOLUTIONS 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 09/01/2022 and as:
Florida document number L22000395544.

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.I.

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

B. If amending the registered agent and/or registered office address on our records, enter the name of the new r
agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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 w
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document
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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	LIANETTE ORTEGA HERNAND	1450 NW 1ST TER	<input type="checkbox"/> Ac
		CAPE CORAL , FL 33993	<input checked="" type="checkbox"/> Re
			<input type="checkbox"/> Cha
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			<input type="checkbox"/> Rem
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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 November 11, 2022

John

YORLUIS RODRIGUEZ DELGADO

Typed or printed name of signee

Filing Fee: \$25.00