L22000466715

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
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COVER LETTER

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CHO IFOT		SIC SOLUTION L.L.C		
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		YORDANKY FLEITES P	INEIRO	
			Name of Person	
			Firm/Company	
		5954 FOREST HILL BLV	D	
			Address	
		WEST PALM BEACH, FI	_ 33415	
			City/State and Zip Code	
		yordankyfleites38@gmail.c E-mail address: (om to be used for future annual report not	ification)
For further	information c	oncerning this matter, please c	all:	
YORDANI	KY FLEITES	PINEIRO	561 515-9363	
Name of Person		Area Code Daytin	ie Telephone Number	
Enclosed is	a check for th	ne 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)
	ailing Addres		<u>Street Address:</u> Registration Se	petion
D	vision of C	orporations	Division of Con	rporations
\mathbf{p}	O. Rox 632	7	The Centre of I	l'allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUL 19 PM 1:1.

Y&K MAGIC SOLUTION L.L.C		10 11.17
(Name of the Limited Liab (A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number <u>L22000466715</u>	Company were filed on 10/31/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
Truning dairess MAT BLATOST OFFICE BOAT		
B. If amending the registered agent and/or register agent and/or the new registered office address here		enter the name of the new register
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>	Type of Action
AMBR	REINALDO RODRIGUEZ ALVA	3941 TROPICAL WAY	
		LAKE WORTH , FL 33461	□Remove
			□Change
			🗆 Add
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the date inser	ted in this b	olock does n	iling: c and cannot be not meet the a	e prior to date applicable st	of filing or mo atutory filing	(ore than 90 days requirements	o ptional) after filing.) Pur , this date will	suant to 605.0207 onot be listed as t
pecifies a del	iyed effecti	ve date, but	not an effect	tive time, at	12:01 a.m. oi	the earlier o	f: (b) The 90	th day after the
			 U	2				
		Signature (of a member o	r authorized r	epresentative o	f a member		
	the date insert i's effective d pecifies a dek	date, if other than the live date is listed, the date muthe date inserted in this but's effective date on the I pecifies a delayed effective.	date, if other than the date of five date is listed, the date must be specific the date inserted in this block does not's effective date on the Department pecifies a delayed effective date, but	date, if other than the date of filing: ive date is listed, the date must be specific and cannot be the date inserted in this block does not meet the at's effective date on the Department of State's recepecifies a delayed effective date, but not an effect.	date, if other than the date of filing: O7/13/2023	date, if other than the date of filing: ive date is fisted, the date must be specific and cannot be prior to date of filing or mor the date inserted in this block does not meet the applicable statutory filing it's effective date on the Department of State's records. pecifies a delayed effective date, but not an effective time, at 12:01 a.m. or	date, if other than the date of filing: (0) (0) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (6) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9	date, if other than the date of filing: O7/13/2023 (optional) ive date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur the date inserted in this block does not meet the applicable statutory filing requirements, this date will the effective date on the Department of State's records. pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90

Filing Fee: \$25.00