

L23000212900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

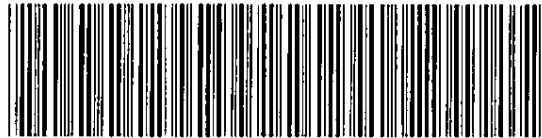
(Business Entity Name)

(Document Number)

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1513-1514

1. 1. 1.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** YOUTH ORGANIZATION FOR THE DISADVANTAGED AND FOR THE COMMUNITY  
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:

Daudet Natalus

Name of Person

N/A

Firm/Company

7207 VACA KEY WAY

Address

LAKE WORTH, FL 33467

City/State and Zip Code

daudetn@hotmail.com

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

For further information concerning this matter, please call:

Lovandieu Laureore (Lo)

407 340-0303  
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



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	NELSON, MARIE A		<input type="checkbox"/> Add
		31 E 31ST STREET, APT 5ABROOKLYN, NY 11226	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIE L. NELSON	31 E 31ST STREET, APT 5ABROOKLYN, NY 11226	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

The Name of the Manager (MGR) is MARIE L. NELSON rather than MARIE A. NELSON; therefore,

the ONLY change is requested is removing the Middle initial of (A) and replacing it with (L).

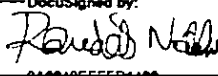
E. Effective date, if other than the date of filing: N/A (optional)

(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 5/29/2023

DocuSigned by:  


Signature of a member or authorized representative of a member

Daudet Natalus

Typed or printed name of signee