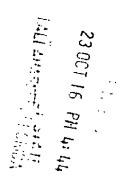
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## **COVER LETTER**

ction porations		
da, Yolaine Marie Denise LLC		
Name of Lim	ited Liability Company	<del></del>
Amendment and fee(s) are sub	mitted for filing.	
Yolaine Miron Lozada		
	Name of Person	
	Firm/Company	
3201 SE Brierwood PL		
	Address	<del></del>
Stuart Florida 34997		
	City/State and Zip Code	
yolainemiron@gmail.com		
		tification)
oncerning this matter, please c	all:	
	772-631-84	
Person	Area Code Daytin	me Telephone Number
e following amount:		
□ \$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)
<u>s:</u> Section	Street Address: Registration S	ection
Registration Section Division of Corporations		orporations
7 FL 32314		Tallahassee oe Street, Suite 810
	Amendment and fee(s) are subsidence concerning this matter  Yolaine Miron Lozada  3201 SE Brierwood PL  Stuart Florida 34997  yolainemiron@gmail.com  E-mail address: (concerning this matter, please concerning this matter this matter than the please concerning the please concerning the please concerning the please concerning the please c	Amendment and fee(s) are submitted for filing.  Address    Volaine Miron Lozada

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCT 16 PH 4: 114

Miron Lozada, Yolaine Marie Denise 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 July 10, 2023 and assigned Florida document number L23000361366 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Yolaine Marie Denise Miron Lozada LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

## 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

\_, Florida \_\_

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
			□Add
			□Remove
		<del></del>	☐ Change
			□Add
			□Remove
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			□Add
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			□Remove
			□Change
			□Add
			Remove
			□Change
			DAdd
			□Remove
			□Change

Note	ffective 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 605,020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco	ord 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 filed.
Date	1 October 6, 2023.
	Signature of a member or authorized representative of a member
	Valuina Miran Laurada
	Yolaine Miron Lozada  Typed or printed name of signee

Filing Fee: \$25.00