

L23 000405000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

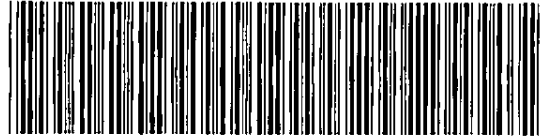
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800419948178

RECEIVED
JAN 4, AM 11:53
STATE
OFFICE, FL

RECEIVED
2024 JAN -4 PM 2:57
STATE
OFFICE, FL

R. HUNT
01/04/24

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 1/4/2024

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1217994

ORDER ENTITY

YPO 2019 LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

YPO 2019 LLC (FL)

File the attached amendment and provide a certified copy.

NOTES:

\$55.00 Authorized

POST STATE
OFFICE FL

JAN 4 AM 11:53

ED

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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>	<u>Type of Action</u>
MGR	DANIEL GUMUCIO	201 SOUTH BISCAYNE BOULEVARD	<input checked="" type="checkbox"/> Add
		SUITE 800	<input type="checkbox"/> Remove
		MIAMI, FLORIDA 33131	<input type="checkbox"/> Change
MGR	SASHA M MOSTAJO RADJI	201 SOUTH BISCAYNE BOULEVARD	<input type="checkbox"/> Add
		SUITE 800	<input type="checkbox"/> Remove
		MIAMI, FLORIDA 33131	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

200 JUN -4 AM 11:53
STATE
SSE, FL

2070 1000-10 AH11:53
STATE
CLASSSET, FL

Effective date, if other than the date of filing: _____ (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)

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 January 4, 2024

Signature of a member or authorized representative of a member

STEVEN H. HAGEN

Typed or printed name of signee

Filing Fee: \$25.00