

# L23000411509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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MAIL

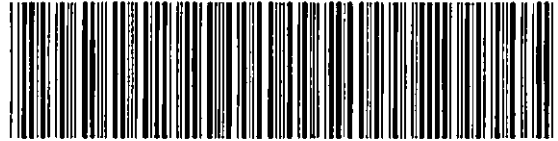
(Business Entity Name)

(Document Number)

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09/21/23--01024--004 \*\*30.00

2023 SEP 21 AM 7:47

cf 10/4/2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Yukon Healthy foods 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:

francisco lara

\_\_\_\_\_  
Name of Person

Yukan healthy foods llc

\_\_\_\_\_  
Firm/Company

201 galen drive unit 305

\_\_\_\_\_  
Address

Key biscayne , Florida , 33149

\_\_\_\_\_  
City/State and Zip Code

f.laraui@gmail.com

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

For further information concerning this matter, please call:

francisco lara

305

4849694

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Yukan healthy foods llc

2023 SEP 21 AM 7:47

(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 09/01/2023 and assigned  
Florida document number L23000411509.

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.L.C."

**Enter new principal offices address, if applicable:**

9831 NW 58th St Suite #146, Doral, Florida, 33178

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

9831 NW 58th St Suite #146, Doral, Florida, 33178

**(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:

9831 NW 58th St Suite #146

*Enter Florida street address*

Doral

*City*

Florida 33178

*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>	<u>Type of Action</u>
MGR	Carlos sernaglia	10626 SW 74 TERR MIAMI, FL. 33173 US	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS SERNAGLIA INC	10626 SW 74 TERR MIAMI, FL. 33173 US	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WOW FLORIDA INVESTMENT	14605 SW 75th AVEPALMETTO BAY, FL 33158	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NETWORK ADVISORS LLC	6901 NW 111 AVE. DORAL, FL . 33178 US	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BCN21 LLC	9831 NW 58 TH ST # 146, DORAL, FL . 33178	<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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[illegible]

09/18/2023

**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 1 . 11

Signature of a member or authorized representative of a member

09/13/23

FRANCISCO LARA

Typed or printed name of signee