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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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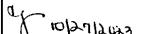


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10/19/23--01010--009 **25.00



Office Use Only



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: YEV Home Name of	Securces LLC Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
yusm y &	Valdes Name of Person Valdes Firm/Company
1112 Mor	ton St E. Address
	Cres Fl 33974 City/State and Zip Code DomeServi (75 11c Damail. (0) ss: (lo be used for future annual report notification)
For further information concerning this matter, plea	se call:
Yusman, Valdes Name of Person	at (239) 878 - 0681 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$30.00 Filing Fee Certificate of Statu	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy 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

yev H	ome	Services	L L (2300	T19 PA 3:17
		mpany as it now appear ited Liability Company)	s on our records.)	:
The Articles of Organization for this Limited LiFlorida document number <u></u> 3000 44	iability Comp	oany were filed on	9/25/2023	and assigned
	•			
This amendment is submitted to amend the follo	owing:			
A. If amending name, <u>enter the new name of</u>	f the limited	<u>liability company he</u>	ere:	
The new name must be distinguishable and contain the w	ords "Limited L	liability Company," the d	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	 		
				
B. If amending the registered agent and/or ragent and/or the new registered office address		ice address on our r	ecords, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:	<u> </u>	Ifredo t	Hernandez	
New Registered Office Address:	1112	Marton St Enter Flor	ida street address	
	Lehigh	Acres Cin.	, Florida	33974 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>	Address	Type of Action
MGR	Yusmani Valdes	1112 Morton StE. Acres Fl	33974 Johdd
			□Remove
			□Change
MGR	WilFredo Hernandez	1112 Morton St & Letight F/	3397Y □Add
			\(\sum_Remove\)
			□ Change
		, -	□ Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□ Add
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			□Change
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			□Remove
			□ Change

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an effective date is ote: If the date	s listed, the date r inserted in this		d cannot be pric meet the appli	cable statutory			Pursuant to 605.020 vill not be listed a
is filed.							90th day after the
ated OCA	ober	13+h	2023	<u>3</u> .			
		Signature of a	member or auti	norized represent	ative of a membe	г	<u>-</u>
				-			