L23000480005

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasinoso Eliki, Hame)
(Document Number)
(Boodinent Namber)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
=
~~ T

Office Use Only



300418937663

11/14/23--01021--006 **35.00

2023 DEC 22 PM 3: 01

Smund

JAN 2 5 2024 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: Will's backyard L1	.C			
DOCUMENT NUM	1BER: 1.23000480005			_	
	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	WILBER FLORES GARCIA				
	4	Name of Contact Person	n		
	WILLS BACYARD LLC				
	···	Firm/ Company			
	316 PETRONIA STREET				
	Address				25
	KEY WEST, FL 33040]23[
	City/ State and Zip Code) <u>3</u> (
	wilflores44@gmail.com				2023 DEC 22 PH 3: 0
	E-mail address: (to be us	sed for future annual report	notification)	- - -	J.
					ယ
For further informati	ion concerning this matter, pleas	se call:		<u> ;</u>	: 01
WILBER T FLORES GARCIA		at (305	9028050		
Name of Contact Person		Area Co	de & Daytime Telephone Nu	ımber	
Enclosed is a check t	for the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
<u>M</u> :	ailing Address mendment Section		Address Iment Section		
	vision of Corporations		on of Corporations		
	D. Box 6327		entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



December 8, 2023

WILBER FLORES GARCIA WILL'S BACKYARD LLC 316 PETRONIA STREET KEY WEST, FL 33040

SUBJECT: WILL'S BACKYARD LLC

Ref. Number: L23000480005

We have received your document for WILL'S BACKYARD LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 823A00027904

Diane Cushing Operations Manager A

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

will's Back	Kyard LLC	
(Name of the Limited L (A F	iability Company as it now appears on lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil		Chen 19, 2023 and assigned.
Florida document number <u>L23 00043</u>	R_0005	
This amendment is submitted to amend the following	ng:	, '2;
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
_		, Florida
	City	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
AMBR	KARLA MARIA MARIAYO	831thomas Street	DAdd
		Key West, FC 33040	∕ XRemove
			□Change
AP	BAYHAEC TOSE GUARCHUR	831 thomas street	□Add
		KEY WEST, FL 33040	X Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
_			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

							
							
_							
.							 -
- -							
						<u> </u>	
 					·		
					<u> </u>		<u> </u>
							
· · · · · ·							
					•		
`ffective date. i	f other than th	e date of filin	ıø:			_ (optional)	
f an effective date i <u>Note:</u> If the date	s listed, the date mi	ust be specific an block does not i	d cannot be prio meet the appli	r to date of filing cable statutory	or more than 90 d	ays after filing.) Purs ents, this date will t	uant to 605.0207 not be listed as
record specifies d is filed.	a delayed effecti	ive date, but no	t an effective t	ime, at 12:01 a	.m. on the carlie	er of: (b) The 90t	h day after the
and Day	EMBER	219	202	3			
			11 144		ative of a member	<u> </u>	