

L23 000 S3S 584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

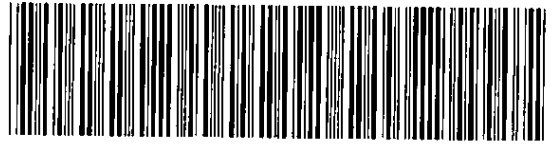
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



900435409309

06/27/24--01016--022 \*\*30.00

FILED  
2024 AUG 27 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: YIDDISH 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:

EVA M. LOREDO  
Name of Person

YIDDISH LLC  
Firm/Company

319 Elberton Dr.  
Address

Davenport, FL 3389  
City/State and Zip Code

mjscharo@yahoo.com / yiddish2023@gmail.com  
E-mail address: (to be used for future annual report notification)

FILED  
2024 AUG 27 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

MARIA R. CASTEILLON at (310) 689-8454  
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

Yiddish 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 12/01/2022 and assigned  
Florida document number L23000535584

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

YIDDISH 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)

319 Elberton Dr.  
Davenport, FL 33897

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

319 Elberton Dr.  
Davenport, FL 33897

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:

MARIA R CASTRILLON

New Registered Office Address:

319 Elberton Dr.

*Enter Florida street address*

Davenport, Florida 33897  
*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.*

Maria R. Castillon  
If Changing Registered Agent, Signature of New Registered Agent

FILED  
2022 AUG 27 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FL

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	EVA M. LOREDO	3355 Buffam Pl.	<input type="checkbox"/> Add
		Casselberry, Fl. 32707	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Anette Stephonic Galan	319 Elberton Dr.	<input checked="" type="checkbox"/> Add
		Davenport Fl. 33897	<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

FILED  
2024 AUG 27 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

FILED  
2024 AUG 27 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: May 1<sup>st</sup> 2024 (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)

**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.

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 08-18-2024.

*Maria R. Castellón*

Signature of a member or authorized representative of a member

Maria R Castellón

Typed or printed name of signee