L2H000069641

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration So Division of Cor	ection ⁴ 1 4 8 Porgions	•	4 .
YERO-PIL	OTO TEAM LLC		•
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Barbara Maria Piloto		
		Name of Person	
	YERO-PILOTO TEAM LI	.C	
		Firm/Company	
	961 ROSEA CT		
		Address	
	NAPLES,FL 34104		
		City/State and Zip Code	
	barbm2574@outlook.com	to be used for future annual r	cport notification)
For further information of	concerning this matter, please ca		
Barbara M Piloto		— -	-1145
Name (of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	2
= 323.00 Fining Fee	Certificate of Status	Certified Copy (additional copy is encl	Certificate of Status &
		0.	.
Mailing Addre Registration		<u>Street Ad</u> Registra	dress: tion Section
Division of (Corporations	Division	of Corporations
P.O. Box 63.	27	The Cer	itre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as i (A Florida Limited Liability	it now appears on our records.) y Company)	_
The Articles of Organization for this Limited Liability Company were	filed on FEBRUARY,7 2024	and assigned
Florida document number L24000069641		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	company here:	
he new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the a	
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		2024 87
Cutour manifest address of applicables		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		- မှ မ
Muning duaress MAT DE A 1031 OF FICE DOM		
B. If amending the registered agent and/or registered office address and/or the new registered office address here:	ess on our records, <u>enter the nar</u>	ne of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zin 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 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	Barbara Maria Piloto	961 Rosca Ct Naples, FL 34104	■Add
			Remove
		***	Change
MGR	Barbara Maria Piloto	961 Rosea Ct Naples, FL 34104	
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
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		March	8, 2024				
E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the content of the	iis block does n	ot meet the a	pplicable stat	filing or more utory filing re	than 90 days afte quirements, thi	onal) r filing.) Pursuant t s date will not be	o 605.0207 (e listed as t
f the record specifies a delayed eff ecord is filed.	ective date, but	not an effect	ive time, at 1	2:01 a.m. on	he earlier of: (l	o) The 90th day	/ after the
Dated March 8,		2024					
Dated							