Florida Department of States
Division of Corporations

Florida Department of States
Division pit Corporations

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YOGI CLAUD LLC

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Corporate Filing Menu

Help

T. LEMIEUX

COVER LETTER

YOGI CLA	AUD LLC		,
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: CLAUDIA M URRUTIA Name of Person Firm/Company 8050 N UNIVERSITY DR STE 206 Address TAMARAC, FL 33321 City/State and Zip Code crourrutia92@gmail.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: DIA URRUTIA 954 -595-8676 at (Area Code Daytime Telephone Number		
		Firm/Company	
	8050 N UNIVERSITY DE	R STE 206	
		Address	
	TAMARAC, FL 33321		
	cmurutia92@gmail.com	A Name of Person Firm/Company OR STE 206 Address City/State and Zip Code (to be used for future annual report notification) call: 954 Area Code Daytime Telephone Number \$555.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address:	
	- -	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c	all:	
CLAUDIA URRUTIA			
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

(Name of the Limited Liability Company as it is (A Florida Limited Liability)	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	
Florida document number L24000079704	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- AD -
	8
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	£ ; & r
	C ; P
	<u>.</u>
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	
agent and/of the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
· · · · · · · · · · · · · · · · · · ·	Florida
Ciţ	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 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>	Name	Address	Type of Action
AMBR	CLAUDIA CAMELO	625 TURTLE RUN	
		WESTON, FL 33326	□Remove
			□Change
			□Add
			☐ Remove
			Change
			□ Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			□Add
		 	□Remove
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Effective date, i	if other than the da	te of filing:	<u></u>	(o _I	ptional)	
Note: If the date	is listed, the date must be inserted in this block tive date on the Depa	does not meet the a	applicable statutory	; or more than 90 days a filing requirements,	fter filing.) Pursuant to 6 this date will not be l	isted as
e record specifies rd is filed.	a delayed effective de	ate, but not an effec	tive time, at 12:01	a.m. on the earlier of:	(b) The 90th day as	fter the
MAY 23R	D O	2024				
			·			
	1/1					

Typed or printed name of signee