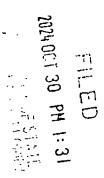
L24000124194

(Requestor's Name)
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(Document Number)
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J. HORNE
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COVER LETTER

то:	Registration Se Division of Cor			
eud iez	YULY LLO			
SOBJEC	- I i	Name of Lin	lited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		YULY GARAVITO		
		-	Name of Person	
		YULY LLC		
			Firm/Company	
		463 ARBOR LAKES DR		
			Address	
		DAVENPORT FL 33896		
			City/State and Zip Code	
		lauramedina 1701@gmail.co	om to be used for future annual report no	tification)
For furth	ser information c	oncerning this matter, please c		uncaum)
Yuly Ga			407 7991763	
		f Person	at ()	me Telephone Number
Enclosed	l is a check for th	ne 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 Addres		Street Address:	
	Registration S Division of C		Registration Se Division of Co	
	Division of C	orporations	Division of CC	rporations

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**

FILED 2024 OCT 30 PM 1: 30

YULY LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our reco Liability Company)	ords.	
The Articles of Organization for this Limited Liability Company Florida document number L24000124194	were filed on YULY LLC	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
YULY GARAVITO LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	463 ARBOR LAKES DR		
(Principal office address MUST BE A STREET ADDRESS)	DAVENPORT FL 33896		
	//2 - NNOD / - WP0 DD		
Enter new mailing address, if applicable:	463 ARBOR LAKES DR		
(Mailing address MAY BE A POST OFFICE BOX)	DAVENPORT FL 33896		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, ent Enter Florida street add		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, provided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is	

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:

or remove	ea from our recorus:		
MGR =	Manager		
AMBR =	Authorized Member		

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
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	20/01/2024
	09/01/2024
lf an ei Note:	ive date, if other than the date of filing: (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
If an et Note: docun e reco	(optional) fective date, if other than the date of filing:
If an et Note: docume reco	fective date, if other than the date of filing:
If an et Note: docum	fective date, if other than the date of filing: [coptional] [fective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. If 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 filed. October, 24 2024
If an et Note: docume reco	fective date, if other than the date of filing:

Filing Fee: \$25.00