## L24000160188

(Re	questor's Name)	_
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## **COVER LETTER**

	gistration Sec vision of Corp				
SUBJECT.	YEFAGO M				
SUBJECT:			nited Liability Company		
		•			
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		JOHANNA GUILLEN			
			Name of Person		© S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		JOHANNA GUILLEN			
			Firm/Company		<u> </u>
		19 DEL PRADO BLVD			
			Address	· -	<u> </u>
		CAPE CORAL 33909			
			City/State and Zip Code		
		yefagoms@gmail.com	to be used for future annual r	ropage notification)	
For further i	nformation co	ncerning this matter, please co		report nouncationy	
JOHANNA	GUILLEN		239 703	39675	
	Name of	Person	Area Code	Daytime Telepho	ne Number
Enclosed is	a check for the	e following amount:			
<b>■</b> \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		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

YEFAGO MS 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 \_\_04/03/2024 and assigned Florida document number 1.24000160188 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address 

## 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	JOSE A YECERRA		🗆 Add
		400 CHANEY RD APT 517. SMYRNA, TN. 37167	≣Remove
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Tective date, if other than the dan effective date is listed, the date must be	be specific and cannot be prior to date	of filing or more than 90 days after fil	ling.) Pursuant to 605.020
ote: If the date inserted in this bloc ocument's effective date on the Dep	:k does not meet the applicable statement of State's records.	atutory filing requirements, this d	ate will not be listed as
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
is filed.	, Sur not an effective time, at	The control of the control of (0)	The sour day-after the
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