

L24000016D188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

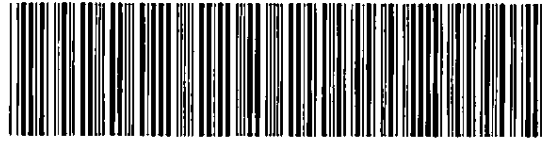
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024-05-03 10:05

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: YEFAGO MS 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:

JOHANNA GUILLEN

Name of Person

JOHANNA GUILLEN

Firm/Company

19 DEL PRADO BLVD

Address

CAPE CORAL 33909

City/State and Zip Code

yefagoms@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHANNA GUILLEN

239

7039675

at {_____}

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

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

(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)

The 90th day—a

Dated MAY 24 2024

JOHANNA GUILLEN

Typed or printed name of signee