

L24000245713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

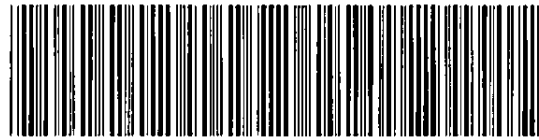
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/20/24--01030--011 **35.00

2024 SEP 16 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2024

LIZANDRA D MONTE GOMEZ
1708 VILLAGE CT
BRANDON, FL 33511

SUBJECT: YUARDO RAUL MACHADO LLC
Ref. Number: L24000245713

We have received your document for YUARDO RAUL MACHADO LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 424A00018968



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: YUARDO RAUL MACHADO 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:

LIZANDRA D MONTES GOMEZ

Name of Person

Firm/Company

1708 VILLAGE CT

Address

BRANDON, FL 33511

City/State and Zip Code

yuardo@yrmllc.us

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

LIZANDRA D MONTES GOMEZ

813 450-7473
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

YUARDO RAUL MACHADO 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 05/29/2024 and assigned
Florida document number 124000245713.

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)

1708 VILLAGE CT

BRANDON, FL 33511

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1708 VILLAGE CT

BRANDON, FL 33511

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:

LIZANDRA D MONTES GOMEZ

New Registered Office Address:

1708 VILLAGE CT

Enter Florida street address

BRANDON

Florida 33511

City

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 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	YUARDO R MACHADO	3101 S KINGS AVE, BRANDON FL 33511	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	LIZANDRA D MONTES GOMEZ	1708 VILLAGE CT, BRANDON FL 33511	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FL

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TAULAHASSIE, F.

SECRETARY OF STATE
TALLAHASSEE, FLA.
2024 SEP 16 PM 12:48

(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)

Typed or printed name of signee