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## **COVER LETTER**

TO: Registration Se Division of Cor			
and the con-	1608 ASTON	MARTIN LLC	<b>⊸</b> '
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LUI	OY YORLETT MORENO	
		Name of Person	
	1608	8 ASTON MARTIN LLC	
		Firm/Company	<del></del>
	40 S	SW 13TH STREET # 701	
		Address	
	//	MAMI FL 33130	
	<del></del>	City/State and Zip Code	
		y@ludymoreno.com	70
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report no all:	otification)
LUDY	YORLETT MORENO	954 448 4879 at ()	
Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for the	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 Registration S		Street Address: Registration S	Section
Division of C	orporations	Division of C	•
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1608 ASTON MA	RTIN LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appeal Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on	06/17/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company h	ere:	
YORLETT'S PROPERTIES 1608, LLC			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the c	designation "LLC" or the abl	previation "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 agent and/or the new registered office address here:	e address on our r	ecords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	rida street address	12 JUL
	City	, Florida	Zip Codes Harr
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		= :
I hereby accept the appointment as registered agent and ag	ree to act in this	capacity. I further agr	ee 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>	Name	Address	Type of Action
			□Add
			Change
			□Add .
			□Remove
			Change
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		(	07/08/2024	,		
effective date is listed	er than the date of filin , the date must be specific an	d cannot be price	r to date of filing o	r more than 90 days aft	tional) ter filing.) Pursuant to 60	05.02
<u>e:</u> If the date insert	ed in this block does not the on the Department of S	neet the appli	cable statutory fi	ling requirements, t	his date will not be li	sted :
	•					
•	yed effective date, but no	t an effective	time, at 12:01 a.r	n, on the earlier of:	(b) The 90th day aft	ter th
s filed.		/		0	1	
	July 08	2024	171	$\sim 11$	/	
ed		, — <u> </u>	- 1 Att.	2 1 1		
			nuuki	MUNUIT		
	Signature of a	member of au	norized representat	ive of a member		

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Filing Fee: \$25.00