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2024 DEC -9 PN 2: 08
SECRETARY OF SHAFE
TALL AHASSEF, FL

COVER LETTER

	stration Section of Corp			
	YES ORO N	MIAMI LLC		•
SUBJECT: _		Name of Lin	ited Liability Company	
The enclosed A	Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return a	ll correspor	ndence concerning this matter	to the following:	
		ARIADNA VELAZCO A	ZUAJE	
			Name of Person	
		YES ORO MIAMI LLC		
			Firm/Company	
		8331 SANDS POINT BL	٧D	
		-	Address	
		TAMARAC FL 33321		
		<u> </u>	City/State and Zip Code	
		viloriaaservices@gmail.com		
		E-mail address: (to be used for future annual report no	dification)
For further info	ormation co	oncerning this matter, please c	all:	
ARIANDA V	ELAZCO A	ZUAJE	786 6704273	
	Name of	Person	at ()	ne Telephone Number
Enclosed is a c	heck for the	e following amount:		2021 D SECR TAI
■ \$25.00 Fil		S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed to
	ng Address		Street Address:	2 1
Registration Section Division of Corporations		Registration So Division of Co		
	Box 6327		The Centre of	

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YES ORO MIAMI LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 07/19/2024	and assigned
Florida document number L24000321426		
his 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" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered offigent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, <u>enter th</u>	e name of the new registere
New Registered Office Address:		
new registered Office Address.	Enter Florida street address	
	Flori	
	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>	Address	Type of Action
AMBR	VELAZCO AZUAJE, ARIADNA	8450 NW 102ND AVE APT 103	□Add
		DORAL FL 33178	□Remove
			Change
VP	VELAZCO AZUAJE, DORIANA	8450 NW 102ND AVE APT 243	□Add
		DORAL FL 33178	■Remove
			□Change
AMBR	VELAZCO AZUAJE, DARIANA	8331 SANDS POINT BLVD APT C108	≣ Add
		TAMARAC FL 33321	□Remove
			□Change
			□Add
			SECRETARY Add ARY
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m effective date is listed, the date must bote: If the date inserted in this block	k does not meet the applicabl	late of filing or more than 90 o e statutory filing requiremo	lays after filing.) Pursuant to 60 ents, this date will not be li	05.0207 sted as
cument's effective date on the Depa	artment of State's records.			
ecord specifies a delayed effective d	ate, but not an effective time	at 12:01 a.m. on the earli	er of: (b) The 90th day af	ter the
is filed.			or on (o)	
	2024			
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	gnature of a member or authorize	W209 / 100	<u>[e</u>	

Filing Fee: \$25.00