

L24000530886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

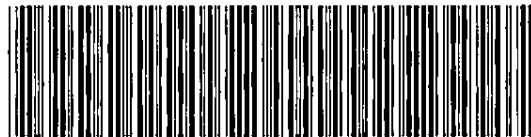
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

The following amendment was updated by the examiner to meet the filing requirements.

Office Use Only



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01/16/25--01013--009 **25.00

2025 JAN 16 AM 9:52
CLERK OF STATE
MASSACHUSETTS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YULI S HYGIENE TEMP AGENCY 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:

Yulema Romero
Name of Person
YULI S HYGIENE TEMP AGENCY LLC
Firm/Company
1322 LIBBY DR
Address
WEST PALM BEACH
City/State and Zip Code
TATANENA2001@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YULEMA ROMERO 561 360-5195
Name of Person at () 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

STATE OF FLORIDA
DIVISION OF CORPORATIONS
JAN 16 2025

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Yuli S Hygiene Temp Agency 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 12/27/2024 and assigned
Florida document number 124000530886.

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

_____, Florida _____

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

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STATE OF FLORIDA
SECRETARY OF STATE

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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>
MGR	YULEMA ROMERO	1322 E LIBBY DR	☐ Add
		WEST PALM BEACH, FL 33406	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change

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 CLERK OF DISTRICT COURT
 U.S. DISTRICT COURT
 WEST PALM BEACH, FL
☐ Remove
☐ Change
☐ Add
☐ Remove
☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The owner is the same person (me). I just need to eliminate MRS from my name.

E. Effective date, if other than the date of filing: _____ (optional)

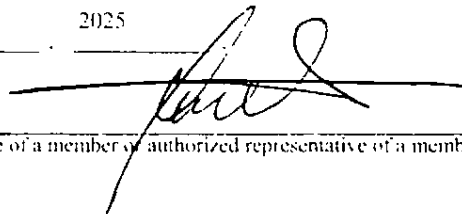
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated JANUARY 13

2025



Signature of a member or authorized representative of a member

YULEMA ROMERO

Typed or printed name of signer

DEPARTMENT OF STATE
JAN 16 AM 9:52
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