

2100000 40611

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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2010 MAY 10 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maynada Gardens, 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:

Giselle Del Amo
Name of Person

Infante, Zumpano, Hudson & Miloch, LLC
Firm/Company

500 S. Dixie Highway, Suite 302
Address

Coral Gables, FL 33144
City/State and Zip Code

Giselle.ortizdelamo@1zhmlaw.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Giselle Del Amo at (305) 503-2990
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Maynada Gardens, LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

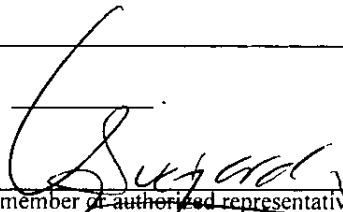
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------|---|--|
| MGR | Carlos A. Guajardo | 8201 Ponce de Leon Rd. Miami, FL 33143 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | Maynada Holdings, LLC | 8201 Ponce de Leon Rd. Miami, FL 33143 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dated _____,



Signature of a member or authorized representative of a member

CARLOS GUAJARDO

Typed or printed name of signee