## 2100000 406/

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	idress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
A. LUNT			
MAY 11 2010			
EXAMINER			

Office Use Only



800180617988

05/10/10--01025--015 \*\*25.00

SLORETARY OF STATE ALLAHASSEE, FLORIDA

10 MAY 10 PM 3: 0

FILED

## **COVER LETTER**

Division of Corporations					
SUBJECT:	Maynada Name of Limi	Q Gardens, LLC ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
		Del Amo Name of Person			
	Infante, Zum	pano, Hudson & milod	h,UC	_	
		Firm/Company	<del></del>	2010 SE	
	500 S. DIXII	pano, Hudsong milod Firm/Company E Highway Suite Address	e 302	2010 HAY 10 PH 3: 89 SECRETARY OF STATE TALLAHASSEE, FLORIDA	FILED
	Coral Gables	S, FL 33 14 4 City/State and Zip Code		F 2	111
				<u> </u>	4
	Giselle. Ortiz E-mail address: (1	delamoa 12hmla to be used for future annual report notificat	W.COM	RITE A	
For further information co	oncerning this matter, please o	all:			
GISENE	Del Amo	at ( <u>305) 503 - 20</u> Area Code & Daytime T	990 Telephone Number		
		·	·		
Enclosed is a check for th	ne following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	
	INC ADDRESS	CTDDETICOLOGIC	ADDDEGG		

MAILING ADDRESS:

TO:

**Registration Section** 

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mayna	ida Gardens, LLC
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.)  orida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number <u>L10000404</u>	lity Company were filed on 4 13 2010 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Company," the designation "Liver or the abbreviation
Enter new principal offices address, if applicable	
(Principal office address MUST BE A STREET A	IDDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>
registered agent and/or the new registered office	registered office address on our records, enter the name of the new eaddress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	, Florida
	City Zin 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 608, 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 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 **Title** <u>Name</u> <u>Address</u> Type of Action Carlos A. Guajardo MGR 8201 Poncede Jean Rd. HIAMILIFL 33143 \_ Add Remove 8201 Ponce de Leon Rd. Migmi, Fl 33143 Maynada Holdings, LLC MGR Add Remove ☐ Add Remove ∏Add ∏Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00