102000021821

(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:
<u> </u>





200410814542

06/20/23--01039--015 **35.00

2023 JHT 20 AH 8: 52

A. PARISHANI SEP - 5 2023

COVER LETTER

TO: Registration Section Division of Corporatio	ons	
SUBJECT. MAY	FAIR 1 1 LC	
SUBJECT:	FAIR LLC Name of Limited Liability Company	
		•
The enclosed Articles of Amenda	lment and fee(s) are submitted for filling.	· , -
Please return all correspondence	concerning this matter to the following:	
	DALLAS W LUBY Nume of Person	
	Firm/Company	
	15208 MEDICI WAY	
	WAR CES FL. 34110 City/State and Zip Code	
	E-mail address; (to be used for future annual report notification)	167
For further information concerning	ing this matter, please call:	
Name of Person	at (239) 777 - 0.9 c Area Code Daytime Telephone Number	<u>> J</u>
Enclosed is a check for the follow		
PA	fadditional copy is enclosed) Certified (additional	te of Status &
5£ É	CANCEL CHÉCK ATT ACITED	
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, Fl. 323	n Registration Section ations Division of Corporations The Centre of Tallahassee	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JEN 20 MH 8: 5

MAYFAIR	1 LLC	52
1 Name of the Limited Liabi (A Florid	1 L Company as it now appears on our recorda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number <u>L 620000 218</u>	Company were filed on $08/2$	$3/2 \circ 2$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lie	mited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Faton governation address if analysis block		
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	City	Florida 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

Title	<u>Name</u>	Address	Type of Action
AMBR	ERIN A LUBY	3750 GILL DRIVE	[]Add
	/	3750 GILL DRIVE DENVER CD. 80209 310-947-0312	Remove
AMBR	MATTHEW R LUBY	5904 ZINNIA COURT ARUADA CO. 80004	□Change
	,	ARUADA CO. 80004	Nemove
		303 882 3084	Change
			□Add
			Remove
		•	— □ Add
			≘ □Roma
			⊖ N — ∐Change
			🗆 Add
			[]Remove
			[]Change
· · · · · · · · · · · · · · · · · · ·			CIAdd
			Change

				·		
						2023
	·					— <u>:</u>
						2023 .111: 20
					· · · · · · · · · · · · · · · · · · ·	
						=
				 -		્ટ — ડેડ
				 .—		~
				·		
				<u>.</u>		
						
						
active date if at	har than the dote	of filipa:		(0	ntionall	
effective date is list	her than the date ed, the date must be spe	ecific and cannot be p	rior to date of filing	or more than 90 days :	prooran) ifter filing.) Pursuant t	to 605,020°
te: If the date inst unient's effective	erted in this block do date on the Departm	ses not meet the ap sent of State's reco	plicable statutory rds.	filing requirements,	this date will not b	e listed as
cord specifies a d	clayed effective date.	but not an effectiv	ve time, at 12:01 a	.m. on the earlier of	(b) The 90th day	after the
s filed.						
ed				1		
	Čianas	ure of a member of a	uthorzed effecent	utive of a fiember		_
	aignai	ore or a member of a	out of the sent	الا عالم المعالم		

Filing Fee: \$25.00