L-1900095781

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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2015

ILEANA MARRERO RODRIGUEZ, ESQ. LUSKY & RODRIGUEZ, P.A. 770 PONCE DE LEON BLVD., SUITE 306 CORAL GABLES, FL 33134

SUBJECT: MAYAIMIS INVESTMENTS, LLC

Ref. Number: L09000095781

We have received your document for MAYAIMIS INVESTMENTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 615A00014455

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: MAYAIMIS INVESTMENTS,	LLC				
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	ee Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
lleana Marrero Rodriguez, Esq.					
Name of Person					
Lusky & Rodriguez, P.A.	2015 JUL 22 SECRETARY ALLAHASSE				
Firm/Company	TAR TAR				
770 Ponce De Leon Blvd., Suite 306	IUL 22 P 4: 06 ETARY OF STATE HASSEE. FLORIDA				
Address	ψ: (ORI				
Coral Gables, FL 33134					
City/State and Zip Code					
irodriguez@JLIRlaw.com					
E-mail address: (to be used for future annu	al report notification)				
For further information concerning this matter, p	please call:				
lleana Marrero Rodriguez, Esq.					
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:					
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)	-				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: MAYAIMIS	INVEST	MENTS,	LLC
2. (a)				
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12220 Murphy Road O		same a	s principal
	Stafford, TX 77477			
			L090000	95781
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of Marcelo J. Carpovich	of the Florid	a Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRES	<u>S)</u>	_
	304 Indian Trace, Suite 245			7AL 31
	Weston , F	L_33326	;	PILED 2015 JUL 22 P 4: 05 SECRETARY OF STATE ALLAHASSEE. FLORIDA
(b)				ARY ON SSEE.
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office ac	ldress:	
	Lusky & Rodriguez, P.A.			لا: Ob STATE مر
	NEW Registered Office Address:			– , ,, 0
	770 Ponce De Leon Blvd., Suite 306			
	Coral Gables, F	_{L_} 33134		_
the cha agent was/we the arti- Sigha	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the Language of a member of uthorized representative of a member and agreement as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address.	of the regiliability control of the limited limited	stered offic ompany, it nited liabili liability con ana Marre	the and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany. Pero Rodriguez as attorney in fact Printed or typed name of signee Printed or typed name of signee

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00