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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MIAMI BUSINESS SOLUTIONS, INC.
Account Number : 120170000045
Phone : (786)546-4490
Fax Number : (800)323-1074

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: eduardo@mbstaxes.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAJESTIC HOME, LLC

Certificate of Status	0
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2023 JUN - 7 PM 12:25

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T. LEMIEUX

JUN - 8 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAJESTIC HOME 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:

EDUARDO MIRALLES

Name of Person

MIAMI BUSINESS SOLUTIONS INC

Firm/Company

1845 E WEST PKWY STE 9

Address

FLEMING ISLAND, FL 32003

City/State and Zip Code

EDUARDO@MBSTAXES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDUARDO MIRALLES

786 546-4490

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>
<u>MGR</u>	<u>PAULA DABUL</u>	<u>1651 SANDY SPRINGS DR</u>	<input type="checkbox"/> Add
		<u>FLEMING ISLAND, FL 32003</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>- AMBR -</u>	<u>RAUL FAES</u>	<u>1651 SANDY SPRINGS DR</u>	<input type="checkbox"/> Add
		<u>FLEMING ISLAND, FL 32003</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u>- AMBR -</u>	<u>MARTIN FAES</u>	<u>1651 SANDY SPRINGS DR</u>	<input checked="" type="checkbox"/> Add
		<u>FLEMING ISLAND, FL 32003</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>- AMBR -</u>	<u>SOLANGE FAES</u>	<u>1651 SANDY SPRINGS DR</u>	<input checked="" type="checkbox"/> Add
		<u>FLEMING ISLAND, FL 32003</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>- AMBR -</u>	<u>ANDRES FAES</u>	<u>1651 SANDY SPRINGS DR</u>	<input checked="" type="checkbox"/> Add
		<u>FLEMING ISLAND, FL 32003</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>- AMBR -</u>	<u>VICTORIA FAES</u>	<u>1651 SANDY SPRINGS DR</u>	<input checked="" type="checkbox"/> Add
		<u>FLEMING ISLAND, FL 32003</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

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

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)

Notes: 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 JUNE 06TH 2023

Signature of a member or authorized representative of a member

RAUL FAES

Typed or printed name of signer

Filing Fee: \$25.00