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EXAMINER



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03/18/11--01011--011 **25.00

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SECRETARY OF STATE
TANASSEE FLORING

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT:						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
TODD STEWART Name of Person						
MAYACON LLC Firm/Company						
249 4th AUE NJUNIT#1						
SAINT Petersburg; FL; 33701 City/State and Zip Code)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Person at (727) S43-2509 Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAYACO	on hh	<u></u>		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appea d Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>トレクロの みら</u> 名	iny were filed on	3/10/2010	and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company her	<u>re</u> :		
The new name must be distinguishable and end with the words "Li"L.L.C."	imited Liability Compa	any," the designation "LLC"	or the abb	previation
Enter new principal offices address, if applicable:	 			
(Principal office address MUST BE A STREET ADDRESS)		<u>Z</u> <u></u>	3 T.	
		<u> </u>		
		HAS	ن را	ricebourga.
Enter new mailing address, if applicable:		SE	χ _γ σ ο	
Mailing address MAY BE A POST OFFICE BOX)		ر الم	R B	111
	· 		\$ 	<u> </u>
		$\widetilde{\mathfrak{S}}$		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address here.		our records, enter the i	name of t	the new
egistered agent and/or the new registered office address n	<u>ere</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address , Florida			
	City	Z	ip 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						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
MORM	RAY S STEWART	9361 RYDEP ST OTTAWA ON KIHBYY CA	Add Remove			
MGRM	Colombe T Stewart	A361 RYDER ST OTTAWA ON KIHEXY CA	Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amendi	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_			
_			_			
			-			
Dated(John Stower	<u></u>	<u>.</u>			
	TODD STEWAR	authorized representative of a member				
_		nrinted name of signee				

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Filing Fee: \$25.00