## L10000100671

(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:				
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B. BOSTICK
NOV 1 - 2011
EXAMINER

## **COVER LETTER**

TO:

TO:	Registration S Division of Co						
SUBJE	CCT:	MAYOR D	ISTRIBUTOR LLC				
SCDGL	<u></u>		ited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sul	omitted for filing.		. 4		
Please	return all corresp	ondence concerning this matter	to the following:				
	,		Jorge Rumayor	·		,	
			Name of Person				
		TW	MAYOR TAX	CERVICE	ا لال		
			Firm/Company				
			2422 NW 87 Place				
			Address		- C	= ≥	
			Doral FL 33172		13.5 13.5		
			City/State and Zip Code		(7) A		Į.
		E-mail address: (	nayorcorp@msn.com to be used for future annual report not	ification)	FES	ত <u>সু</u> দ ভ	7
For fur	ther information	concerning this matter, please of		ŕ	IAITÉ ORIDA	ယ သ	
	Jo	rge Rumayor	at ( 786 )	547-3070			
_	Name o	of Person		me Telephone Number	r		
Enclose	ed is a check for t	he following amount:					
[ \\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	ate of Status		
	Regist Divisio P.O. B	JING ADDRESS: ration Section on of Corporations tox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corportion Building 2661 Executive C	orations			

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAYOR DIST	<b>RIBUTOR LLC</b>			_
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compar	ny were filed on	09/27/2010	and	d assigned
Florida document numberL10000100671				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here	<b>,</b>		
Rumayor Tax	Service LLC			
The new name must be distinguishable and end with the words "Lich.C."	mited Liability Compan	y," the designation	"LLC" or	the abbreviatio
Enter new principal offices address, if applicable:			<del></del>	
(Principal office address MUST BE A STREET ADDRESS)				
			<u> </u>	\(\frac{1}{2}\)
			(0) (0) (0) (0) (0) (0) (0) (0) (0) (0)	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	<u> </u>			ယ <u>ယ</u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		r records, <u>enter</u>	the nan	ne of the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Ente	r Florida street a	ddress	
	Cit.	, Florida _		~
	City		Zip (	_oae

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma $MGRM = N$	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	<del></del>		Add Remove
	<del></del>		Add Remove
			AddRemove
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	SI 1
Dated	October 24 , 2	041	PH 4: 33
		er or authorized representative of a member  Jorge L Rumayor	
	Туре	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00