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SECRETARY OF STATE DIVISION OF COLPORATION

COVER LETTER

TO:

Registration Section

Division of Corporations						
SUBJECT: MAY	S FINANCIAL SERV	ICES AND CONSULTIN	G. LLC.			
SUBJECT:	Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fce(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Justin Mays				
		Name of Person				
	MAYS FINANCIAL	SERVICES AND CONSULT	ING, LLC.			
	Firn/Company					
	2289 Hattie Ct					
		Address				
	!	North Port, FL 34288				
		City/State and Zip Code				
		sfinancialsvc@gmail.com to be used for future annual report notifical	tion)			
For further information	concerning this matter, please of	eall:				
Justin Mays		at (941) 58	35-1407			
Name of Person		Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section		STREET/COURIER Registration Section				
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT FILED STATE TO SECRETARY DESCRIPTIONS ARTICLES OF ORGANIZATION OF 12 OCT 15 PM 3: 16

MAYS FINANCIAL SERVICES AND CONSULTING, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabi	ity Company were filed on	10/11/11	and assigned
Florida document number L1100011602			and assigned
Florida document number	<u></u>		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company her	<u>'e</u> :	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Compa	my," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	(DDBECC)		
		11. 10.	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO			
			· · ·
B. If amending the registered agent and/or		our records, enter	the name of the new
registered agent and/or the new registered office	e address here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
-	City		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 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</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title Address** Type of Action <u>Name</u> Justin and Renee Mays, 🦝 **MGRM** 2289 Hattie Ct ✓ Add Joint Tenants by the entirelies North Port, FL Remove 34288 JUSTIN Mays MGKM Add [Remove Add ☐ Remove ☐ Add Remove ∐Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated October 13 2012

Signature of a member or authorized representative of a member

Justin Mays

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00