

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : PAUL SALVER, P.A.
Account Number : I20020000087
Phone : (954) 389-1333
Fax Number : (954) 389-1397

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL 19 AM 8:00

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAJU & RO LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

K. SALY
EXAMINER
JUL 20

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MAJU & RO, LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/4/2011 and assigned Florida document number L11000126412.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2721 EXECUTIVE PARK DRIVE

SUITE 4

WESTON, FL 33331

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2721 EXECUTIVE PARK DRIVE

SUITE 4

WESTON, FL 33331

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

2721 EXECUTIVE PARK DRIVE, SUITE 4

Enter Florida street address

WESTON

City

Florida 33331

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 605, 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 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>
MGR	GUZMAN, ACOSTA Y LARA	1835 NE MIAMI GARDENS DR.	<input type="checkbox"/> Add
		SUITE 341	<input checked="" type="checkbox"/> Remove
		N. MIAMI BEACH, FL 33179	<input type="checkbox"/> Change
MGR	GIULIANO, HECTOR PAOLO	2721 EXECUTIVE PARK DRIVE	<input type="checkbox"/> Add
		SUITE 4	<input type="checkbox"/> Remove
		WESTON, FL 33331	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 JUL 19 PM 8:00
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 TALLAHASSEE, FLORIDA
 CLERK OF COURT
 JERRY F. STONE

