

L12000109419

08/02/2017 1:30PM FAX 9548414192

BLACKSTONE LEGAL SUPPLIE

0001/0010

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000202333 3)))



H17000202333ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : FILINGS, INC.
Account Number : 072720000201
Phone : (850) 385-6735
Fax Number : (954) 541-4192

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
MAYRIG, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

S. WARREN

AUG 03 2017

RECEIVED
2017 AUG -2 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 AUG -2 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H17000202333

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAYRIG, 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:

CARLOS J. VILLANUEVA

Name of Person

CARLOS J. VILLANUEVA, P.A.

Firm/Company

1820 N. CORPORATE LAKES BLVD., SUITE 306

Address

WESTON, FL 33326

City/State and Zip Code

CVILLANUEVA@UNALEY.COM

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

For further information concerning this matter, please call:

JESSICA PERDOMO

954

349-2006

at ()

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☐ \$55.00 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
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

H17000202333

H17000202333

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MAYRIG, 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 Liability Company were filed on 08/23/2012 and assigned
Florida document number 112000109419

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

City, Florida 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

Page 1 of 3

FILED
17 AUG 2 AM 9:10
CLERK OF CIRCUIT COURT
IN AND FOR
STATE OF FLORIDA

H17000202333

H17000202333
If 0000202333 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	CARLOS J. VILLANUEVA	1820 N. CORPORATE LAKES BL	<input type="checkbox"/> Add
		SUITE 306	<input checked="" type="checkbox"/> Remove
		WESTON, FL 33326	<input type="checkbox"/> Change
MGR	DANIEL ALACAHAN	1820 N. CORPORATE LAKES BL	<input checked="" type="checkbox"/> Add
		SUITE 306	<input type="checkbox"/> Remove
		WESTON, FL 33326	<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
			<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

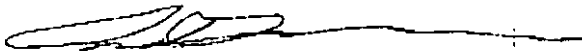
FILED
2017 AUG 2 9 10 AM
CLERK OF DISTRICT COURT
NORTH DALLAS, TEXAS

H17000202333 By other information, enter change(s) here: (Attach additional sheets, if necessary.)

- E. Effective date, if other than the date of filing: 08/01/2017 (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)
Note: 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 AUGUST 01, 2017



Signature of a member or authorized representative of a member

CARLOS J. VILLANUEVA, ATTORNEY IN FACT

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
17 AUG 2 AM 9:10
STATE
OF FLORIDA

H17000202333