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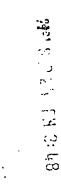
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COVER LETTER

Registration Section

TO:

Division of Corp	perations		
MAYMIA L			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	M	ARIA S. DODERO	
		Name of Person	
		MAYMIA LLC	
		Firm/Company	
	2.	260 NE 121 STREET	
		Address	
	NOR	TH MIAMI FL 33180	
		City/State and Zip Code	
		ntaxservice@hotmail.com	2.17 - 27 - X
		to be used for future annual report no	tilication)
For further information co	oncerning this matter, please co	all:	
MARIA S. DODERO		786 344 2300	
Name of	Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for th	e 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 S		Street Address: Registration S	ection
Division of Co	orporations	Division of Co	orporations
P.O. Box 632° Tallahassee, F		The Centre of 2415 N. Monr	oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAY	MIA, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appe Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability C lorida document number 1.13000124248	ompany were filed on	09/03/2013	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company	here:	
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the	designation "LLC" or	
Enter new principal offices address, if applicable:			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Principal office address MUST BE A STREET ADDR	RESS)		·/>
			10.
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered	l office address on our	records, enter the	name of the new regis
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			8.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
	Enter F	lorida street address	
		, Floric	
	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 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>	Type of Action
AMBR	CHORNY DODERO, MIA	2260 NE 121 STREET, NORTH MIAMI FL. 33180	= Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
			🗆 Add
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ote: If the date ins	her than the date of filing: led, the date must be specific and ca erted in this block does not mee date on the Department of Stat	et the applicable statutory filin	(optional) ore than 90 days after filing.) I g requirements, this date w	Pursuant to 605.020 ill not be listed a
ecord specifies a de is filed.	clayed effective date, but not ar	effective time, at 12:01 a.m. o	on the earlier of: (b) The	90th day after th
nted		2021 mber or juitherized representative	of a member	

Filing Fee: \$25.00