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(Requestor's Name)
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Special Instructions to Filing Officer:
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COVER LETTER

TO:

	Registration Se Division of Cor			e grows
		HOLDING-GROUP LLC	-	·•
SUBJEC	T:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter		
		JAIME A. BONILLA		
			Name of Person	
			Firm/Company	
		16025 SW 109 ST		
			Address	
		MIAMI, FL. 33196		
			City/State and Zip Code	
		SOLDHOMES777@GMA		· N
		E-mail address: (to be used for future annual report not	incation)
For furth	er information c	oncerning this matter, please c	ail:	
JAIME.	A. BONILLA		786 306-0076 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed	d is a check for th	ne 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 Addres		Street Address:	
	Registration 5	Section	Registration Se	
	Division of C P.O. Box 632		Division of Co The Centre of	
	Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

"我们是一个人。" "我们是一个人,我们都

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MAYERS HOLDING GROUP LLC		man our records)	
(Name of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	3 on our records.	
			المصدئيين فال
e Articles of Organization for this Limited Li	ability Company were filed on 4"	4/2014 a	ind assigned
rida document number L14000055558	- •		
is amendment is submitted to amend the follo	owing:		
If amending name, enter the new name of	the limited liability company h	<u>ere</u> :	
/A		nt I (" at athende	ntion "L.I.C."
A enew name must be distinguishable and contain the w	ords "Limited Liability Company," the	lesignation "LLC" or the apprevio	non E.E.C.
nter new principal offices address, if applic	able:		
rincipal office address MUST BE A STREE	1 ADDRESS		
nter new mailing address, if applicable:			
Aailing address MAY BE A POST OFFICE	<u>BOX)</u>		
. If amending the registered agent and/or	registered office address on our	records, enter the name of	the new registe
gent and/or the new registered office addre	ss here:		
Name of New Registered Agent:	JAIME A. BONILLA		
Name of thew isogration as a igent	16025 SW 109 ST		
New Registered Office Address:		lorida street address	
	MIAMI	, Florida <u>33196</u>	
	City	Rorida	Zip Code
	CHY		

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		Control of the State of the Sta		
<u>Title</u>	<u>Name</u>	Address	21 MAY 13	AM 9: 52 Type of Action
	····			□ Add
			<u>. </u>	□ Remove
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amending any other information, enter change(s) here: (Attach addition	a yiolik (Th	
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more ote: If the date inserted in this block does not meet the applicable statutory filing becoment's effective date on the Department of State's records.	(optional) re than 90 days after filing.) Purs requirements, this date will	uant to 605,020 not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or is filed.		h day after the
ated MAY 10th 2021	an Olypers C.	
Signature of a member or authorized representative o		
Hermann Mayers		

Filing Fee: \$25.00

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L14000055558

Entity Name: MAYERS HOLDING GROUP LLC.

Current Principal Place of Business:

16025 SW 109 ST MIAMI, FL 33196

Current Mailing Address:

16025 SW 109 ST MIAMI, FL 33196 US

FEI Number: 37-1754951

Certificate of Status Desired: No

FILED May 06, 2021

Secretary of State

9909142017CR

Name and Address of Current Registered Agent:

HERMANN, MAYERS PD 16025 SW 109 ST MIAMI, FL 33196 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HERMANN MAYERS

05/06/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title

MGR

Name

MAYERS, HERMANN PD

Address

16025 SW 109 ST

City-State-Zip: MIAMI FL 33196

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under each; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.