## L14000172371

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## **COVER LETTER**

Div	ision of Cor	porations			
SUBJECT:	Major and	Associates Management LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Anthony Early			
			Name of Person	<del></del>	•
		Major & Associates LLC			
	Firm/Company				
		2375 NW 86th Street			
			Address		
		Miami FL 33147			
	City/State and Zip Code majorusa.one@gmail.com				SECT TALL
		E-mail address: (	to be used for future annual repo	rt notification)	題馬工
For further in	oformation c	oncerning this matter, please ca	all:		FILEU MISSEEL
Anthony Ear	ły		305 785-24	62	MG 30 PH IZ: 53 ANG 30 PH IZ: 53 ANG STATE AND SEE, FLORID!
	Name o	f Person		aytime Telephone Number	55 S
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	) Certified	e of Status &
		ING ADDRESS:	STREET/CO Registration	DURIER ADDRESS: Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Major and Associates Management 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 04/27/2016 and assigned Florida document number L14000172371 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 Florida 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

Title	<u>Name</u>	Address	Type of Action
MGR	Mark Guerette	2375 NW 86th Street	Add
		Miami FL 33147	Remove
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			☐ Remove
			Change
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CC 41 1 4 16 4		August	01, 2016		
an effective date is lis	ther than the date of ted, the date must be spec	ific and cannot be p	rior to date of filing	or more than 90 days a	ptional) after filing.) Pursuant to 605.0
ote: If the date insocument's effective	erted in this block doe date on the Departme	s not meet the ap int of State's reco	plicable statutory rds.	filing requirements,	this date will not be listed
	es a delayed effect fter the record is		not an effecti	ve time, at 12:0	1 a.m. on the earlier
		2016			
ated August 01	_		4		

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Typed or printed name of signee

Filing Fee: \$25.00