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- (City	y/State/Zip/Phone	e #)
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COVER LETTER

TO:		n Section Corporations					
CIII		and Associates Management LLC					
Name of Limited Liability Company							
The	enclosed Article	s of Amendment and fee(s) are submitted for filing.					
Plea	se return all corr	espondence concerning this matter to the following:					
		Anthony Early					
		Name of Person					
		Major and Associates Management LLC					
		Firm/Company					
		2375 NW 86th Street					
		Address					
		Miami FL 33147					
		City/State and Zip Code					
		mguerette63@gmail.com					
		E-mail address: (to be used for future annual report notification)					
For	further informati	on concerning this matter, please call:					
Mai	rk Guerette	561 797-0200 at ()					
	Na	me of Person Area Code Daytime Telephone Number					
Enc	losed is a check t	for the following amount:					
	\$25.00 Filing Fe	e ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

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

FILED
2016 NOV 15 PM 1:01
SEURETARY OF STATE
ATT AHASSEE FLOORS

Major and Associates Management LLC

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

(A Florida	Limited Liability Company)	L. FLORIDA
The Articles of Organization for this Limited Liability Co Florida document number L14000172371	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR.	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		, enter the name of the
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street address	}
New Registered Office Address:		rida

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
MGR	Mark Guerette	2375 NW 86th Street	
		Miami FL 33147	■ Remove
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If an effective date is listed, the one of the content of the date inserted in	ate must be spec	cific and canno	ot be prior to d	late of filing o	r more than 90 ling requirer	days after fil	ng.) Pursuan	t to 605.0207 he listed as
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Filing Fee: \$25.00