15000203678

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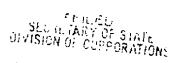
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M. MILLIGAN JUL 31 2017

COVER LETTER

		ition Secti of Corpo				
SUBJEC		ombian Fish , LLC				
SOBJEC			Name of Limi	ted Liability Compa	iny	
The enclo	osed Art	icles of An	nendment and fee(s) are subr	nitted for filing.		
Please re	tum all c	correspond	ence concerning this matter t	o the following:		
			Edgard Zambrano, MBA			
				Name of Pers	son	
			The Genesis Firm LLC			
Fin			Firm/Compa	ny		
3105 NW 107th Avenue STE 400-E4						
				Address		
Doral, FL 33172						
			ed@thegenesisfirmllc.com	City/State and Zip	p Code	
		•	E-mail address: (1	o be used for future	annual report notifica	tion)
For furth	er inforn	nation conc	erning this matter, please ca	II:		
Edgard Zambrano, MBA			786 at (401-7741		
Name of Person		erson	Area Co	de Daytime To	elephone Number	
Enclosed	l is a che	ck for the f	following amount:			
			□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filin Certified C (additional co		□ \$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			Re Di Cl 26	FREET/COURIER egistration Section ivision of Corporation lifton Building 661 Executive Cente allahassee, FL 3230	ons r Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Colombian Fish LLC

Colombian Fish LLC		!		
(Name of the Limited	Liability Compa A Florida Limited I.	ny as it now appears liability Company)	on our records.)	
The Articles of Organization for this Limited Lia Florida document number L15000203678	bility Company	were filed on 12/0	7/15	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, <u>enter the new name of t</u>	he limited lishi	lity company her	e:	
Majus, LLC		I	<u>-</u> .	
the new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," the des	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applical	ble:			
Principal office address MUST BE A STREET				
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE B	<u>ox)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered offi Name of New Registered Agent:			our records, <u>enter</u>	the name of the n
New Registered Office Address:				
		Enter Florid	la street address	
	Doral		, Florida	Zip Code
No. Designation of the property of the propert	wistand Agants	Cīry·		гір Соае
New Registered Agent's Signature, if changing Re				
hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company	and complete ered agent as p gistered office	performance of n provided for in Ch	ny duties, and I am hapter 605, F.S. Or	familiar with and , if this document is
	If Chan	iging Registered Age	nt, Signature of New R	egistered Agent

	g Authorized Person(s) authorized to a from our records:	manage, enter the title, name, and address	of each person being added
MGR = N AMBR = A	Annager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Maritza Fernandez	2500 NW 79th Avenue STE 170	⊑ Add
		Miami, FL 33122	Remove
			☐ Change
			Add
			Remove
			🗀 Change
	P. 47. 1		□ Add
			□ Remove
			Change
			
			☐ Remove
			Change
			☐ Add
			□ Remove
			□ Change
	····		
			Remove
			П Change

If amend	ding any other information, ent	er change(s) here: (Attach additi	onal sheets, if necessary.)	
			· · · · ·	
				_
				_
Effective	e date, if other than the date of i	filing:	optional) nore than 90 days after filing.) Pursuant to	605.0201
Note: If	the date inserted in this block does t's effective date on the Department	not meet the applicable statutory filir	ng requirements, this date will not be	listed as
locumen	t's effective date on the Department	of State's records.		
	rd specifies a delayed effecti Oth day after the record is fi		time, at 12:01 a.m. on the ea	rlier o
Ju Dated	ıly 17	2017		
-aicu	15	}		<u> </u>
	Signature	of a member or authorized representative		. <u>S</u> S
	Felipe Bahamon		JUL 2	<u> 50</u> 0
	×	Typed or printed name of signee	<u> </u>	. 약 ≨
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
		Page 3 of 3	PH ት: 3L	08.41
		Filing Fee: \$25.00	5	£.