## L17000025985

(Danisated No. 1)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

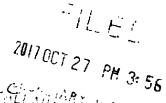
Division of Corporations

SUBJECT:	MAY	A DOYA	TOUR	& TRANSPO	ORTATION	LLC	
		N	lame of Limit	ed Liability Company			
The enclosed A	rticles of A	mendment and fee	(s) are subn	nitted for filing.			
Please return al	l correspon	dence concerning	this matter to	o the following:			
			MO	1+D ~ 1-10	SSAI N		
		<del></del>		Name of Person	×=		
		MAYA NO	YA TOU	R & TRANS	PORTATION	J LLC	
		1-11-130	77. 100	Firm/Company	1		
		12501 IDAHO WOODS LN					
ORLANDO, FL 32824					· · · · · · · · · · · · · · · · · · ·		
	City/State and Zip Code						
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For further info	rmation co	ncerning this matte			•		
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MOHD	$\sim$ 1	-1055AIN		at ( <u>407</u> )_ Area Code	369 - 3	2932	
	Name of	Person		Area Code	Daytime Telep	ohone Number	
		following amoun					
<b>⊠</b> \$25.00 Filii	ng Fee	S30.00 Filing Certificate of		□ \$55.00 Filing Fee Certified Copy (additional copy is e		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	MAILI	NG ADDRESS:		STREI	ET/COURIER A	DDRESS:	

Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MAYA DOYA TOUR & TRANSPORTATION L.L.

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

(A Florida Limited Liability Company)

(A Lio	ida Emined Elabinty Company)		The state of
The Articles of Organization for this Limited Liability	Company were med on	2/01/2017	and assigned
Florida document number <u>L17000025985</u>	) 		
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the li	mited liability company here	:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the design	mation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a		ur records, enter the	name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
· · · · · · · · · · · · · · · · · · ·	Enter Florida	street address	, , , , , ,
		, Florida	
	City	2	Zip Code
New Registered Agent's Signature, if changing Register	red 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>	Address	Type of Action
AMBR	HUWLADER MUHAMMAD	2611 CORAL AVE. KISSI	MMEE, Add
	NESARUDDIN	FL 34741	
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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing one of the date inserted in this block does not meet the applicable statutory for document's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.0207 iling requirements, this date will not be listed as
ne record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	re time, at 12:01 a.m. on the earlier of
Dated 25th Cttober 2017	
MMI	
Signature of a member or authorized representa	tive of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00