

L17000097959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

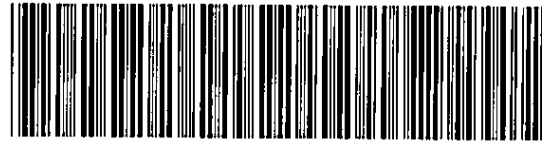
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JUN 24 AM 11:49
SECRETARY OF STATE
SARAH D. HARRIS

Y SULKEP

JUL 08 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAYA OF TAMPA BAY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT F COHEN

Name of Person

ROBERT F COHEN CPA

Firm/Company

2918 BUSCH LAKE BLVD

Address

TAMPA, FL 33614

City/State and Zip Code

ROB@ROBERTFCOHENPCA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT F COHEN

813 932-7415

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

MAYA OF TAMPA BAY, LLC

The Articles of Organization for this Limited Liability Company were filed on 05/03/2017 and assigned Florida document number 117000097959

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 _____
City Zip Code

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|---|--|
| MGR | ARIE ABEND | 2918 BUSCH LAKE BLVD TAMPA, FL 33614 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | GUY ABEND | 1000 STONE SPRING WAY LOUISVILLE, KY 40223 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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FALL RIVER
STATE OF MASSACHUSETTS
DEPT. OF REVENUE

2019 JUN 24
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MAIL ROOM

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60.0207 (3)(b)

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ST. LOUIS, MO
U.S. DISTRICT COURT
SOUTHERN DISTRICT
MAIL ROOM
(b) Pursuant to 6020207 (3)(b)
will not be filed as the

Dated JUNE 20, 2019

Typed or printed name of signee