L17000202619

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(Address)
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(City/State/Zip/Phone #)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN 0CT 2 0 2017

COVER LETTER

то:	Registration Se Division of Cor	ction porations	> 表	
	Maya Resta	urant Group, LLC		
SUBJ	JECT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub-	_	
	1	Randy M. Goldberg, Esqui	-	
			Name of Person	
			Firm/Company	
		1101 SW 71st Avenue		
		Plantation, FL 33317	Address	
		rmgesq@comcast.net	City/State and Zip Code	<u> </u>
- 0			to be used for future annual report notif	ication)
		oncerning this matter, please ca		
Rand	y M. Goldberg, Esq Name o	f Person	754 224-0867 at () Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ \$2	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now ennours on a	ur records)	
Liability Company)	ur records.	
y were filed on October 2	2, 2017 and assigned	
bility company here:	•	
ility Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
21172-21230 St. Andrews Blvd, Units 7/8		
Boca Raton, FL 33433	3	
Post Office Box 141		
Deerfield Beach, FL 3	3443	
	records, enter the name of the new	
Enter Florida str	eet address	
	, Florida	
-	Zip Code	
_		
e performance of my d provided for in Chapt e address, I hereby cor	ity. I further agree to comply with the uties, and I am familiar with and er 605, F.S. Or fithis document is after that the limited limiting.	
inging Registered Agent, <u>S</u> i	ignature of New Registered Aftent	
	21172-21230 St. Andrews Boca Raton, FL 33433 Post Office Box 141 Deerfield Beach, FL 3 Office address on our re: Enter Florida structure City ree to act in this capace of my disprovided for in Chapte	

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
			🗖 Add
			□ Remove
			Change
			□ Add
			_ Remove _ Change _ Add _ Remove _ Change _ Add _ Remove _ Change _ Add _ Remove _ Add _ Add _ Remove
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PE-18-14			ART CONTROL CO
		ORIDA	Change

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	¥.140			
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effective date is listed, the date must l	be specific and cannot be prior	to date of filing or more th	(optiona an 90 days after fili	ng.) Pursuant to 605.03
If the date inserted in this bloc ment's effective date on the Dep			uirements, this da	ite will not be listed
ecord specifies a delayed		ot an effective time,	at 12:01 a.m	n. on the earlier
e 90th day after the reco	rd is filed.			
October 17, 2017				
. October 17, 2017	· · · · · · · · · · · · · · · · · · ·	·		
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d	ignature of a member or auth	orized representative of a r	nember	7 00
a S		orized representative of a r	nember	7 DCT 1
d	uire	orized representative of a r	nember	FILE D

Filing Fee: \$25.00