## 118000130020

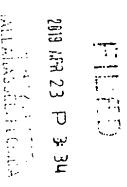
(F	Requestor's Name)	
(A	ddress)	
<u> </u>	address)	
(C	city/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name	)
(0	Ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions t	o Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:	Registration Se- Division of Cor			
ema	MAEMCO		•	
อบชม	ECT:	Name of Limite	ed Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please	return all correspo	ndence concerning this matter to	the following:	
		Jason Villalona		
			Name of Person	<del></del>
		MyUSAcorporation.com		
			Firm/Company	
		1 Radisson Plaza, Suite 800		
			Address	<del></del>
		New Rochelle, NY, 10801		
		-	City/State and Zip Code	<del>- · · · · · · · · · · · · · · · · · · ·</del>
		agustin@vargasmanriquez.co		
		E-mail address: (to	be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please call	l:	
Jason	Villalona		877 3302677	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2	5.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 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

FILED

MAEMCO LLC

(A F	lorida Limited	Liability Company)	2013 Min 23 P 3 34
The Articles of Organization for this Limited Liabil Florida document number £18000130020	ity Company	were filed on 05/24/20	and assigned
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the	limited liab	ility company here:	
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		15390 SW 20 ST.	
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33185	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		15390 SW 20 ST. MIAMI, FL 33185	
Name of New Registered Agent.		COLINA	records, enter the name of the new
New Registered Office Address:	2230 SW 20 3	S1.  Enter Florida str	reel address
1	MLAMI		, Florida 33185
<del>-</del>	<del></del>	City	Zip Code
The Company of the Park Back	etorad Agants	•	

## 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>	Address	Type of Action
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		·	Change
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fective date, if other than the effective date is listed, the date mate: If the date inserted in this cument's effective date on the record specifies a delayer the 90th day after the re-	nust be specific and cannot be p block does not meet the app Department of State's recon ed effective date, but	wior to date of filing or m plicable statutory filin rds.	g requirements, this date	will not be listed as t
-	cora is mea.			
ted April 10th	2019	·		
	Signature of a member or a	uthorized representative	of a mamber	<del> </del>

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Filing Fee: \$25.00