# 118000208185

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#### **COVER LETTER**

	egistration Sec ivision of Cor <sub>l</sub>			
SUBJECT	The Majae			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ited Liability Company	<del> </del>
The enclos	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Lillian Aviles		
			Name of Person	
		PO Box 21901	Firm/Company	
		Sarasota, FL 34276	Address	
		themajaecinn@gmail.con	City/State and Zip Code	·
		E-mail address: (	to be used for future annual report notifi	cation)
For further	information ec	oncerning this matter, please co	all:	
Lillian Avi	les		941 284-2724	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e following amount:		
<b>■</b> \$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

The Majaec Inn, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on August 30th, 2018 and assigned Florida document number L18000208185 This amendment is submitted to amend the following: 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 "LLC." 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 \_

#### 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
MBR	Lillian Aviles	PO Box 21901 Sarasota FL 34276	□ Add
			■ Remove
	Mary G Staples	1122 NW 22nd Street	Change
AP	——————————————————————————————————————	Gainesville, FL 32603	
			■ Remove
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tive date, if other than the date of filing:	(optional)
rective date is listed, the date must be specific and cannot be prior to date of file.  If the date inserted in this block does not meet the applicable statuto.	ing or more than 90 days after filing.) Pursuant to 605.1
nent's effective date on the Department of State's records.	ry ming requirements, and date will not be date
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ecord specifies a delayed effective date, but not an effective date date, but not an effective date date, but not an effective date date date date date date date dat	ctive time, at 12:01 a.m. on the earlie
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

## State of Florida Department of State

I certify the attached is a true and correct copy of the Articles of Organization of THE MAJAEC INN, LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on August 30, 2018 effective August 30, 2018, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16. Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is £18000208185.

Authentication Code: 180831120029-100317889291#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Thirty First day of August, 2018

TO THE PARTY OF TH

Ken Detzner Secretary of State