

LI000258384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

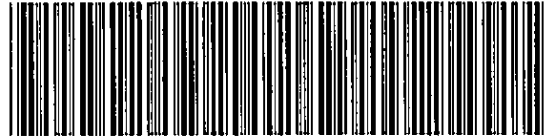
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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O. SIMMONS
DEC 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAYFIG 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:

GUILLERMO R GUTIERREZ

Name of Person

GUTIERREZ AND ASSOCIATES SERVICES INC

Firm/Company

4640 SW 155TH PLACE

Address

MIAMI, FLORIDA 33185-4568

City/State and Zip Code

GUILLARE@YAHOO.COM

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

For further information concerning this matter, please call:

GUILLERMO R GUTIERREZ

305 223-4289

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

MAYFIG LLC

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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	MAYLEN FIGUEROA	1737 SW 102ND PLACE	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33165	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAYLEN RODRIGUEZ	264 WOODLAND RD	<input checked="" type="checkbox"/> Add
		PALM SPRINGS, FL 33461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 12/11/18 .

Higuera
Signature of a member or authorized representative of a member

MAYLEN RODRIGUEZ
Typed or printed name of signee