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C. GOLDEN DEC - 1 2018

COVER LETTER

UBJECT:	Name - 181 I	St. I Linkillia, Communica	
	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	ANGEL D. CORDOVA		
		Name of Person	
	ANGEL D. CORDOVA &	: CO.	
		Firm/Company	
	780 N.W. 42 AVE. LE JE	UNE RD STE.#325	
		Address	
	MIAMI, FL 33126		
		City/State and Zip Code	
	AR@ACORDOVA.COM F-mail address: t	to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	·	,
ANGEL D. CORDOVA JR. CPA		305 444-5511	
Name (of Person	at () Area Code Daytime	: Telephone Number
inclosed is a check for t	he 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:

TO:

Registration Section

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

2018 NOV 19 AM 10: 45

MAJUAL HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records) ART OF STATE
(A Florida Limited Liability Company) TALL AHASSEF, FI

The Articles of Organization for this Limited Liability (Company were filed on 11/9/2018	and assigned	
Florida document number L18000261190			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
MAJAGUAL HOLDINGS, LLC			
The new name must be distinguishable and contain the words "Lir	mited 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 ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		enter the name of the n	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<u>.</u>		, Florida	
	Cuy	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 dutics, 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 Type of Action Address Title Name □ Add ☐ Remove _____ Change □ Add _□ Remove __ Change \square Add _____ □ Remove □ Change □ Add ☐ Remove _□ Change □ Add __□ Remove _□ Change _____ □ Add ☐ Remove

____ Change

	
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	(andiomal)
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to da Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	(optional) te of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not ar b) The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated	
11/1	
Signature of a member or authorized	I representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00