

10/17/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : RCA ACCOUNTING SERVICES CORP  
Account Number : I20180000102  
Phone : (305)406-3800  
Fax Number : (305)406-3999

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MAIA BUSINESS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX  
OCT 18 2018

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H/90003088863

FILED

MAIA BUSINESS LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

2019 OCT 17 A 11:43

The Articles of Organization for this Limited Liability Company were filed on 01/15/2019

FILED AND ASSIGNED

Florida document number L19000017265

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

MAIA CONSULTING LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10065 COSTA DEL SOL BLVD

(Principal office address MUST BE A STREET ADDRESS)

STE DUS

MIAMI BEACH, FL 33140

Enter new mailing address, if applicable:

10065 COSTA DEL SOL BLVD

(Mailing address MAY BE A POST OFFICE BOX)

STE DUS

MIAMI BEACH, FL 33140

**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

City, Florida

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 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

H 140003208865

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>
PRES	CARLOS A MAIMA	5225 COLLINS AVE	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	FLAVIA MAIA	10065 COSTA DEL SOL BLVD	<input checked="" type="checkbox"/> Add
		STE DU5	<input type="checkbox"/> Remove
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

(b) The 90th day after the record is filed.

Dated 10/15/2019, \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee