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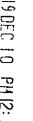
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(Address)
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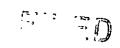
то:	Registration Se Division of Cor		e se s	`		
CUDITY	MAYO B I	LLC	~			
SUBJEC	C1:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
		ndence concerning this matter				
		CRAIG FELDMAN, ESQ.				
			Name of Person			
LAW OFFICES OF CRAIG FELDMAN, PLLC						
Firm/Company						
300 S. PINE ISLAND ROAD. SUITE 306						
Address						
		PLANTATION, FL 33324				
		City/State and Zip Code				
		RAFISHIFH@GMAIL.CO		nzil. com		
			to be used for future annual report not	ilication)		
For furth	her information c	oncerning this matter, please ca	all:			
CRAIG	FELDMAN		954 888-1739 at ()			
	Name o	f Person	at () Area Code Daytir	ne Telephone Number		
Enclose	d is a check for th	ne following amount:				
≣ \$ 25	0.00 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 Addres Registration 9		<u>Street Address:</u> Registration Se	ection		
	Division of C		Division of Co			

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



MAYO B LLC

2019 DEC 10 PH 12: 21

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

The Articles of Organization for this Limited Lia Florida document number <u>L19000043755</u>		and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B		
parting new contract of the co		
D. If any ordinary the second	-i.4	ha a a a a a cana a a a a a a a a a a a a
B. If amending the registered agent and/or re agent and/or the new registered office address		ne name of the new register
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	
		rida

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>	<u>Address</u>	Type of Action
MGR	RAFAEL YEHOSHIA	2240 BARTOW AVE.	□Add
		BRONX, NY 10475	■Remove
			□Change
AMBR	RAFAEL YEHOSHUA	2240 BARTOW AVE	≡ Add
		BRONN, NY 10475	□Remove
			□Change
MGR	CHAYA VANUNU	10894 DENVER DR.	Add
		COOPER CITY, FL 33026	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Chanan

Page 2 of 3

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<u>Note:</u> If th	date, if other than the date of filing:	to 605.0207 (be listed as t
e record The 90	${\sf J}$ specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the third the record is filed.	earlier of:
Dated	11-27 2019	
	(12): 11	
	Signature of a member or authorized representative of a member	
	organistic of a memory of authorized typicschairte of a memory	

Page 3 of 3

Filing Fee: \$25.00