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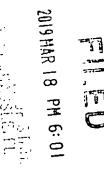
(Re	questor's Name)	
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C. GOLDEN MAR 2 7 2013

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MAYELLA 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:
JOSE A HURTADO ISAARO Name of Person
MA-YELLA LLC Firm/Company
12886 SW 54 COURT Address
City/State and Zip Code City/State and Zip Code Lose A Hora Do G GMAIL COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & Certified Copy (additional copy is enclosed) 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

FILED

MAYELL	A LLC	2019 MAR 18 PM 6: 01
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our reco Florida Limited Liability Company)	ords.) (
The Articles of Organization for this Limited Liab	oility Company were filed on 03.05	· 2019 and assigned
Florida document number <u>L1900061</u>	<u> 40 م</u>	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "1.	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	• •	rds, <u>enter the name of the new</u>
Name of New Registered Agent:	OSIRIS JEREZ	.,
New Registered Office Address:	12886 SW 54TH	l trace
	12886 SW 54HA Enter Florida street add MIRAMAN City	Florida 33027
	City	Zip Code
New Registered Agent's Signature, if changing Reg	gistered 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>Address</u> Type of Action Title Name USE A HURTADO 12886 SW 54 COURT MADE MIRMONE FL 33027 ☐ Change □ Add ☐ Change SAGNIFL S HURROD _____ DADD ☐ Change DADA D HOUSED _____ DADA Remove __ 🗆 Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>Note</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	1 March 13 . 2019.
	bol.
	Agnature of a member or authorized representative of a member
	15-CA A -4 NOTAN (CHA

Page 3 of 3

Filing Fee: \$25.00