

219000086396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

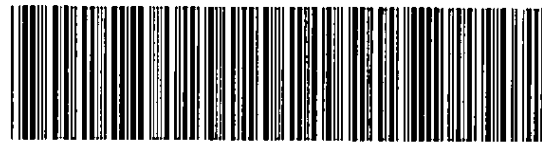
(Business Entity Name)

(Document Number)

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REC'D STATE  
CLERK  
MAY 13 2019 11:50 AM  
19 MAY -2 PM 12:50

*Amend*

MAY 15 2019

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** -MAYA IXCOYENSE & SAN MIGUEL 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:

MARIO G VARGAS

\_\_\_\_\_  
Name of Person

MAYA IXCOYENSE & SAN MIGUEL LLC

\_\_\_\_\_  
Firm/Company

2701 SWINDELL RD

\_\_\_\_\_  
Address

LAKELAND, FL 33805

\_\_\_\_\_  
City/State and Zip Code

SANDRA@SKYNETPROFIT.COM

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

For further information concerning this matter, please call:

SANDRA BETANCOURT

863 258-0599  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

19 MAY - 2 PM 12:50  
- 19 MAY - 2 PM 12:50  
- 19 MAY - 2 PM 12:50

19 MAY -2 PM 12:50

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

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>
AMBR	MARIA PEDRO	21089 DILLIE ST	<input checked="" type="checkbox"/> Add
		LAKELAND, FL 33815	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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 APRIL 24TH 2019

Mario Vargas

Signature of a member or authorized representative of a member

MARIO G VARGAS

Typed or printed name of signee