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To:

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

From:

Account Name : BROWARD SOHO SERVICES INC.
Account Number : I20100000080
Phone : (954)366-3850
Fax Number : (954)635-7850

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

Email Address: Taxright7@yahoo.com

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AND
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAJUDA SHOP LLC

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MAY 23 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAJUDA SHOP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL DUQUE

Name of Person

MAJUDA SHOP LLC

Firm/Company

3499 OAK WAY #506

Address

FORT LAUDERDALE, FL 33069

City/State and Zip Code

FAXRIGHT7@YAHOO.COM

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

For further information concerning this matter, please call:

DANIEL DUQUE

784

335-8846

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2001 Executive Center Circle
Tallahassee, FL 32304

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAJUDA SHOP LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/08/2019 and assigned
Florida document number 119000095472

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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>
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MGR	CARMEN E BUCHOLTZ	3499 DASK WAY #506	
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☒ Add

FORT LAUDERDALE, FL 33069

☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

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Dated MAY 22

2015

Signature of a member or authorized representative of a member

Daniel Duque.

Typed or printed name of signer