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## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	Mayan X Name of Lirr	Cou ture  ited Liability Company	
	·		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Maja	JOVa hoveka JName of Person	·
	Mayan	Tx Couty U	
	5130 N Fed	Leval Hwy Sui	ite 2
	Fort Lau	derdale FL City/State and Zip Code	-13330P
		City/State and Zip Code  City/State and Zip Code	
For further information co	neerning this matter, please ca	all:	
Maja Wa Jame of	NOVS LA Person	at (941) 284 Area Code Daysin	_ 0265 ne Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee      S25.00 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:

ŤΟ:

**Registration Section** 

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**

U	' <b>T</b> En.
Mayaw X Cou	turu  Iny as it now appears on our records.)  Liability Company)
(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>1900161538</u> .	were filed on July 19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5/30 N Federal Hwy, Suite 2 Fort Landerdale, PL, 33308
(Principal office address MUST BE A STREET ADDRESS)	Fort Landendoll, PL 33308
Enter new mailing address, if applicable:	5130 N Federal HWI.
(Mailing address MAY BE A POST OFFICE BOX)	5130 N Federal Huy. Suite 2
	Fort Landerdale, F4 33308
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the ne
Name of New Registered Agent:	a Jovanovska
New Registered Office Address: 5130	Nº Federal Hwy, Suite 2
Fort L	N Federal Hwy, Suite 2  Enter Florida street address  auder dale FL, 33308  Zip Code
	City 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>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
		□ Remove	
			□ Add
			Remove
			Change
<del></del>			
			□ Remove
			Change
		Remove	
		Change	
			Remove
			Change

, man	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
•	
-	
(If an eff	ive date, if other than the date of filing:
the red ) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	August 21st , 2019.
	Signature of a member or authorized representative of a member
	, · · · · · · · · · · · · · · · · · · ·
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00