## LZO CCCC94980

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Amend

APR 2 9 2020 I ALBRITTON

## **COVER LETTER**

TO:

TO: Registration So Division of Co			
	ervices FL, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nihan Basna		
	<del></del>	Name of Person	
	Mayday Services FL, LLC		
		Firm/Company	
	11425 NW 60th Ter		
		Address	
	Alachua, FL 32615		
		City/State and Zip Code	
	maydayservicesfl@gmail.co		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	alf:	
Nihan Basna		352 448-9885 at ()	
Name (	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration		Street Address: Registration Se	ection
Division of C		Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of	Γallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liab</u> (A Flori	oility Company as it now appears on a ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability  Torida document number 1.20000094980		20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
he new name must be distinguishable and contain the words "L	imited Liability Company," the designa	ntion "L.L.C" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		W
Principal office address MUST BE A STREET ADI	DRESS)	
Inter new mailing address, if applicable:		7020 4.2%
Mailing address MAY BE A POST OFFICE BOX)		20 PF 3
3. If amending the registered agent and/or register gent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		, Florida Zip Code

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
MGR	David Basna	11425 NW 60th Ter.	<b>≣</b> ∧dd
		Alachua, FL 32615	□Remove
			Change
			□Add
		<del>.</del>	Remove
	·		□Add
		<del></del>	□Remove
			Change
			□ Add
		<del></del>	Remove
			☐ Change
	<del></del>		
			Remove
			□ Change
			□∧dd
			□Remove
			□Change

Effective date, if other than the date of filing:  (Pan effective date, if other than the date of filing:  (Pan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 dates after filing.) Pursuant to 605,0207 (  Note: If the date inserved 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.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the ord is filled.  Dated  April 14  2020  Wignulative of a member or authorized representative of a member.  Nitan Basna	· · · · · · · · · · · · · · · · · · ·		
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