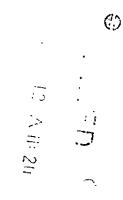
## LZ0000154657

(0)
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Special Instructions to Filing Officer:
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## **COVER LETTER**

TO: Registration Se Division of Cor				
	RCADE LLC			
SUBJECT:	Name of Lim	ted 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:		
	ORESTE HERNANDEZ			
		Name of Person		
	M. A. Y. ARCADE LLC			
		Firm/Company		
	1237 HOMESTEAD RD N		•	
		Address		of Status & Copy opy is enclosed)
	LEHIGH ACRES, FL 339	36		
		City/State and Zip Code		
	hdezfarn1224@yahoo.com		- Continue	
		to be used for future annual report no	othicanon	
For further information of	concerning this matter, please c	atl:		
ORESTE HERNANDE	7.	321 697-6296 at ()		
Name o	of Person	Area Code Dayti	ime Telephone Number	4.5
-			:	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	S60.00 Filing Fee, Certificate of Status & Certified Copy	7 7
		(additional copy is enclosed)	(additional copy is enclosed)	.1
			T: 21	أتمد
Mailing Addre Registration		Street Address: Registration S	Section	<u>~</u> :
Division of C	Corporations	Division of Court The Centre of		
P.O. Box 63. Tallahassee.		2415 N. Moni	roe Street, Suite 810	
		Tallahassee, F	FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M. A. Y. ARCADE LLC		<u></u>	
(Name of the Limited Liability Compa (A Florida Limited)	Inv as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L20000154657	were filed on 06/05/2020	and as	signed
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 Liabi	lity Company," the designation "LLC" or the	abbreviation "L	L.C."
Enter new principal offices address, if applicable:	4595 PALM BEACH BLVD		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 2		
	FORT MYERS, FL 33905		
Enter new mailing address, if applicable:	4595 PALM BEACH BLVD		
Mailing address MAY BE A POST OFFICE BOX)	SUITE 2		Q.
	FORT MYERS, FL 33905	<u>.</u>	
		•	•
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the ne	w regist
The second secon			; • i
Name of New Registered Agent:			
New Registered Office Address:		5لا	-
Tren Registered Office Hadisəs.	Enter Florida street address	<del>-</del>	
	, Florida		
	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 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
AMBR	ORESTE J HERNANDEZ Pellicer	4595 PALM BEACH BLVD	
		SUITE 2	□Remove
		LEHIGH ACRES, FL 33905	≣Change
			□Add
			□ Remove
			Change
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. 07/07/2021	(optional)	<b>∽</b> .
Effective date, if other than the date of filing:  [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	n 90 days after filing.) Pursuant to	a 605.0207 ( e listed as t
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ord is filed.	earlier of: (b) The 90th day	after the
Dated JULY 7TH 2021.		
1 4/		
Signature of a member or authorized representative of a m	embet	_

Filing Fee: \$25.00