12/6/2020

**Division of Corporations** 

# Florida Department States

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(((H20000416566 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I2001000062 Phone

: (323)962-8600

Fax Number

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

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAYOKECHU LLC

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ETD 08 7723

#### **COVER LETTER**

	istration Sectision of Corp						
SUBJECT:	MAYOKEC	HU LLC					
Name of Limited Liability Company							
The enclosed	Articles of A	mendment and fee(s) are subm	itted for filing.				
Please return	all correspon	dence concerning this matter to	the following:				
		Cheyenne Moseley					
Name of Person							
	Legalzoom.com, Inc.						
Firm/Company							
101 N Brand Blvd 1 lth Fl							
Address							
		Glendale, CA 91203					
			City/State and Zip Code				
		nlc19642007@gmail.com	o be used for future annual report notific	etina)			
For further in	nformation co	n-mail address: (to oncerning this matter, please cal					
Cheyenne Moseley 800 773-0888							
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is	a check for th	e following amount:					
□ \$25.00 H	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$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 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAYOKECHULLC			
(Name of the Limit	ed Liability Company as It now app (A Florida Limited Liability Company	rars on our records.)	
The Articles of Organization for this Limited L. Florida document number L20000302594	iability Company were filed on	09/24/2020 and assign	ıed
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company	<u>here:</u> 2020 [	r 's-
The new name must be distinguishable and contain the	vords "Limited Liability Company," th	e designation "LLC" or the abbreviation "LLC"	7.4.1
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
		28	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
	<del></del>		
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address office address here:	on our records, enter the name of	the no
Name of New Registered Agent:	Manuel Cabrera		
New Registered Office Address:	1078 W Seagate Dr.		
	Enter	Florida street address	
	Deltona	Florida 32725 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
AMBR	Manuel Cabrera	1078 W Seagate Dr. Deltona, FL 32725	⊒ Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add :-
			Renove
			□ Add
			☐ Remove
			☐ Change
			D Add
			Ramove
			Change
			D Add
			□ Remove

Page 3 of 3

Typed or printed name of signee

Nancy L. Cabrera

member or authorized representative of a member

Filing Fee: \$25.00