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(Requestor's Name)
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FILED 2020 NOV 23 PM 1: 04

12/29/20

SUBJECT:	MAJOSA, L	LC		÷	
Substice.	-	Name of Lim	ited Liability Company	-	
The enclose	d Articles of /	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspor	ndence concerning this matter	to the following:		
		PAOLA CARDENAS			
			Name of Person	<u> </u>	
		TAX CARE ORLANDO			
			Firn/Company		
		ORLANDO, FLORIDA, 32837			
			City/State and Zip Code		
		taxcareorlando@taxcareinc.	com to be used for future annual report		
				nonneauon)	
For further i	information co	oncerning this matter, please co			
Paola Cardo	enas		at () 284-934 Area Code Da	l1 	
_	Name of	Person	Area Code Da	ytime Telephone Number	
Enclosed is	a check for th	e 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)	
Ro Di P.	ediing Address egistration S vision of Co O. Box 632 ellahassee, F	ection orporations 7	The Centre		

Registration Section Division of Corporations

TQ:

Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

MAJOSA, LLC

company has been notified in writing of this change.

(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  $\frac{10/30/2020}{}$ and assigned 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 \_, Florida \_\_ Cirv 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

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Francisco J Gomez Gracia	OTONAL ORIENTE 12110	
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Effective date, if oth If an effective date is listed Note: If the date inser document's effective d	ted in this block does	not meet the appl	icable statutory filing	(option than 90 days after requirements, this	filing.) Pursuant to 605	5.0207 (3 ed as th
	ayed effective date, bi	ut not an effective	time, at 12:01 a.m. o	on the earlier of: (b	) The 90th day after	er the
ne record specifies a del ord is filed.						
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ord is filed.  November 19  Dated		<del></del> ·				
ord is filed.  November 19  Dated	CeuCiSco Signature	<del></del> ·	<u> </u>			

Filing Fee: \$25.00