Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000089688 3)))



H210000896883ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SOUSA & ASSOCIATES INC

Account Number : I20190000111 Phone : (407)800-7028 Fax Number : (407)992-9407

PH 1: 0

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 MAFELI LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

Page:

5 03/5/2021 •10:02 AM

TO:18506176383 FROM:3215598192

COVER LETTER

H210000896883

TO: Registration Se Division of Cor			
MAFELI I.	.I.C		
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:	
	Maria C Sousa		
		Name of Person	
	Sousa & Associates Inc		
		Firm/Company	
	5728 Major Blvd, Ste 309		
		Address	
	Orlando, FL 32819		
		City/State and Zip Code	
	documents@sousanassocia E-mail address: (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c		
Maria C Sousa		407 800-7028	
Name of Person		at () Area Code Daytim	e 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 radditional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

TO:18506176383 FROM:3215598192 Page: 03/5/2021 -10:02 AM

11210000896883

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AIXI	TO		
ARTIC	CLES OF ORGAN	IZATION	1 B 1
	OF		and assigned of
MAFELILLC	TT! LD: A		
(Name of the Limited	d Liability Company as it now A Florida Limited Liability Cor	npany)	
The Articles of Organization for this Limited Lia	hilin Company wars tiled	on 01/22/2021	and acciding of
The Articles of Organization for this Limited Lia	iomly Company were med	Off	and assigned
Florida document number L21000020557	 ,		3,
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability comp	any here:	
The new name must be distinguishable and contain the wo	irds "Limited Liability Compan	y," the designation "LLC" or the a	hbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	TADDRESS)		
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE B	BOX)		
B. If amending the registered agent and/or re		our records, <u>enter the nar</u>	ne of the new registered
agent and/or the new registered office address	s here:		
	SOUSA & ASSOC		
Name of New Registered Agent:	2002V & V220C		
New Registered Office Address:	5728 MAJOR BLD, STE		
	E	mer Florida street address	
	ORLANDO	, Florida <u>3</u>	2819
	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

Page: 7 03/5/2021 10:02 AM T0:18506176383 FROM:3215598192

H21000089688 3

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>	Name	Address	Type of Action		
AMBR	NOVOA GUIBOVICH, FELIPE R	5728 MAJOR BLVD, STE 309	🗀 Add		
		ORLANDO, FL 32819	□Remove		
		 	Change		
AMBR	MONIE LEON, LISSETTE	5728 MAJOR BLVD, STE 309			
		ORLANDO, FL 32819	≘ Remove		
			☐ Change		
			☐ Add		
			TRemove:		
			Add F5		
			□Change		
			□Add		
			Remove		
			□Change		
			□Add		
			□Remove		

Page: 8 03/5/2021 10:02 AM TO:18506176383 FROM:3215598192

H21000089688 3

								
	~							
				_			<u></u>	
					· · · · · · · · · · · · · · · · · · ·			
				-			-	
							?	10000000000000000000000000000000000000
				_			<u></u>	等等
<u></u>			-	<u>.</u> .				<u>で</u> い。
	·							
					 			1000
								
								.4.
			.					
				<u> </u>				
						·	<u> </u>	
	_							
If an effective Note: If th	fate, if other the e date is listed, the d ie date inserted in s effective date on	ate must be specif this block does	ic and cannot be not meet the a	ipplicable stat	filing or more tutory filing re-	(option 90 days after quirements, thi	tiling.) Pursuai	nt to 605.0207 (3 t be listed as th
e record spe rd is filed.	ecifies a delayed e	ffective date, bu	it not an effect	tive time, at 1	2:01 a.m. on t	ne earlier of: (b) The 90th c	lay after the
10 13 11104.	als d		2021					
Dated Mar		12	201					