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CECTEDARY OF STATE

MAY -6 2021 M. SOLOMON

COVER LETTER

то:	Registration Sec Division of Corp				
SUBJI	ест: Рау	ypaya Maya NameorLimi	LLC ted Liability Company	hie	
The en	closed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please	return all correspor	ndence concerning this matter t	o the following:		
		Brenda	Quesenberry Name of Person	-	282 1
			Firm/Company		ORETA:
		3925 58	th CiR		7 YS
			Ch FL 32966 City/State and Zip Code be outlook.com ple used for future annual report notifi		PH IZ: 45 DF STATE DF LORIDA
For fur	ther information co	E-mail address: (oncerning this matter, please ca	,	ication)	
)uesenberru	at (772) 696 6	2512 Telephone Number	_
Enclos	ed is a check for the	e following amount:			
□ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certnied Copy (additional copy is	Status & '
	Mailing Address	<u>:</u>	Street Address:	Al acc	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAUFAUA 11AUA LL teame of the Limited Limited L. (A Florida Limited L.	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000123298</u> .	were filed on March 16 3031 and assign	med
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Mayavi Concepts LL The new name must be distinguishable and contain the words "Limited Liabili	- C	
The new name must be distinguishable and contain the words. Elimited Liabili	ity Company. The designation (I.i.C. or the appreciation (I.i.)	(• % >
Enter new principal offices address, if applicable:	77.77	2
(Principal office address MUST BE A STREET ADDRESS)		
	To.	~ [T
Enter new mailing address, if applicable:	10 m	-R [!
(Mailing address MAY BE A POST OFFICE BOX)	·	-5
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new</u>	<u>iegistuud</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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>	Name	Address	Type of Action
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