

L21000136458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

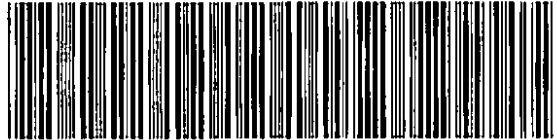
(Document Number)

Certified Copies _____ Certificates of Status _____

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Tm

Office Use Only



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04/07/21--01021--013 **25.00

21 APR -7 PM 1:19
DIVISION OF CORP. CLERKING
STATE OF NEW YORK

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MMW Majesty LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Caren Pratt

Name of Person

MMW Majesty LLC

Firm/Company

1000 Market Street, Suite 300

Address

Portsmouth, NH 03801

City/State and Zip Code

caren.pratt@oceanprop.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caren Pratt

603 559-2167
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

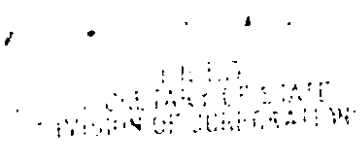
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
CLERK OF DISTRICT COURT
COUNTY OF COCONINO

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>	<u>Address</u>	21 APR -7 PM 1:19	<u>Type of Action</u>
MGR	Robert Garcia	1000 Market Street, Building One, Suite 300		<input checked="" type="checkbox"/> Add
		Portsmouth, NH 03801		<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
MGR	Tom McMurray	1001 E. Atlantic Ave., Delray Beach, FL 33483		<input checked="" type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
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				<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

DEPARTMENT OF STATE
DIVISION OF INFORMATION

21 APR -7 PM 1:19

E. Effective date, if other than the date of filing: _____ (optional)

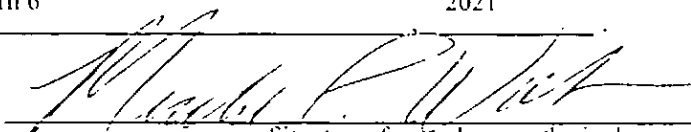
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 6

2021



Signature of a member or authorized representative of a member

Michael P. Walsh

Typed or printed name of signee