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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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LLC Articles of Amendment Filing

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

May 18, 2021

Please find enclosed duplicates of the Articles of Amendment for **Majikayo**, **LLC**, a domestic Limited Liability Company.

Please file the enclosed Articles of Amendment and return a file-stamped copy or Proof of Filing to the below address in the enclosed SASE.

Payment for the required fees is enclosed (\$25.00 to the Department of State).

If you have any questions or concerns, please do not hesitate to contact us.

Thank you for your cooperation and assistance.

Sincerely,

The Client Services Team MyCompanyWorks, Inc. 187 E. Warm Springs Rd., Ste. B Las Vegas, NV 89119

Phone: 702-362-2677 Fax: 702-447-6164

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Majikayo, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 05/03/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	2021
Maji-ko, LLC		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC	or the abbreviation of .L.C.
Enter new principal offices address, if applicable:		P 11
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street oddres	is
	. Fl	orida
 -	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	Julian Paul	1926 NW 88th Avenue	■ Add
		Coral Springs, FL 32817	□ Remove
			□ Change
			DRemove Change
			OF Particular Action Control
			Change
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		TO ORDER
		57
ective date, if other than effective date is listed, the date	the date of filing:	(optional) f filing or more than 90 days after filing.) Pursuant to 6
e: If the date inserted in the	s block does not meet the applicable state e Department of State's records.	utory filing requirements, this date will not be I
	• •	
ecord specifies a delance 90th day after the	yed effective date, but not an effective date, but not an effective date, but not an effective date.	fective time, at 12:01 a.m. on the ear
May 17	2021	
	1.1	
(Mat	thew Martine Signature of a member or authorized rep	mesentative of a member
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Page 3 of 3

Filing Fee: \$25.00