L21000312103

(Red	questor's Name)
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(City	y/State/Zip/Phone #)
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11 ED 2021 OCT 21 AM 12: 25 SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cos					
SUBJEC	ALMA MA	YA LLC				
SUBJEC	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		SAUVEUR LICHAN				
			Name of Person			
			Firm/Company			
		2758 TREASURE COVE	CIRCLE			
	Address					
		FORT LAUDERDALE, F	L 33328			
		INTEGRALMA MANA CO	City/State and Zip Code			
		INFO@ALMA-MAYA.CO E-mail address: (to be used for future annual report notifica	tion)		
For furth	er information o	oncerning this matter, please c	all:			
SAUVE	UR LICHAN		954 3037626 at ()			
	Name o	f Person		elephone Number		
Enclosed	l 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 (additional copy is enclosed)		
	Mailing Addres	Section	Street Address: Registration Section	on		
	Division of C	Corporations	Division of Como	rations		

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

FILED

2021 OCT 21 AH 12:

ALMA MAYA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATELLAHASSET, FI

The Articles of Organization for this Limited I	Liability Company we	ere filed on July 8	, 2021 and assigned
Florida document number L21000312103	 -		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabilit	ty company here	:
The new name must be distinguishable and contain the	words "Limited Liability	Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	2758 Treasure Cov	e Circle, Fort Lauderdale, FL 33312
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:	2	2758 Treasure Cov	e Circle, Fort Lauderdale, FL 33312
(Mailing address MAY BE A POST OFFICE	<u>SBOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:			ords, enter the name of the new registered
	2758 TREASURE	COVE CIRCLE	
New Registered Office Address:			street address
	FORT LAUDERD	PALE	, Florida ³³³¹²
		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	<u>Address</u>	Type of Action
MGR	NESHAMA HOLDING LLC	2758 Treasure Cove Circle, Fort Lauderdale, FL 333	12 ■Add
			□Remove
			Change
MGR	WIZ HOLDINGS LLC	1300 S Miami Ave #1504, Miami, FL 33130	■Add
		 	□Remove
			□Change
MGR	KUXTAL HOLDINGS LLC	2758 Treasure Cove Circle, Fort Lauderdale, FL 333	12 ■Add
			□Remove
			Change
MGR	ALBERTO MAZATAN		□Add
			■Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change

amı	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an eff <u>ote:</u>	ive date, if other than the date of filing: (optional) ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
ecor	d specifies a delayed effective date, but πot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	August 30 , 2021
	Signature of a member or authorized representative of a member
	A. W
	Alberto Mazatan Trevino Typed or printed name of signee

Filing Fee: \$25.00