L21000321830

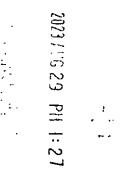
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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A. PARISHANI SEP 17 2023

COVER LETTER

TO: '	Registration Se Division of Cor		e e	s ar			
SUBJE	·CT· "	Majis	B.o LLC				
50001		Name of Limit	ted Liability Company				
					20		
The en	closed Articles of .	Amendment and fee(s) are subr	nitted for filing.		23 AL		
Please	return all correspo	ndence concerning this matter t	o the following:		16.29		
		\sum_{A}	Name of Person	۱۷	2023 AUG 29 PH 1: 2		
			a : Soo L		7		
			Firm/Company				
		7752	Monson De Address	£			
			Address				
		Wind	lumere, FL	34786			
			City/State and Zip Code				
		E-mail address: (to	City/State and Zip Code SAMPLIE IL 2 9 @ Guail-Lom E-mail address: (to be used for future annual report notification)				
For fur	ther information co	oncerning this matter, please ca		•			
		0		s,4-649f	-		
	Name of	f Person	at (3 7/) 2	Daytime Telephone	Number		
Enclose	ed is a check for th	te following amount:					
© \$25.00 Filing Fee			☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclo	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)			
	Mailing Address Registration S		<u>Street Add</u> Registrat	Iress: ion 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

ARTICLES OF O	RGANIZATION	207
O	F	23
(Name of the Limited Liability Comparing A Florida Limited L	ny as it now appears on our records.)	2023 / US 29 PN 1: m7
	•	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L21000 321830</u> .		7
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	r LLC	
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	Unit 433 Oxlando, Fr 32	t Ad
(Principal office address MUST BE A STREET ADDRESS)	1. 1. J. A. 3.	+24
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7752 Mosen A. Windermere, Fr	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 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
		·	
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			□Change
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e: If the date ins	ther than the date ted, the date must be spected in this block deduced on the Departs	oes not meet	the applicab	tate or ming o	more man 20	(optiona days after fili ents. this da	il) ng.) Pursuant to 605.02 ite will not be listed
filed.							The 90th day after th
ed	08/21/20 All Signs	<u> 13</u>		· ·			
	71/1/1						

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