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PICK-UP WAIT MAIL
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MAJABE PROPE	RTY MAINTENANCE LLO	<u> </u>
	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	SILVERIO SANTIAGO LA	UREANO	
	~	Name of Contact Person	
	MAJABE PROPERTY MAE	NTENANCE LLC	
		Firm/ Company	
	3815 SW 16TH STREET AI	PT 8	
		Address	
	FORT LAUDERDALE, FL	33312	
		City/ State and Zip Code	
	majabelawn@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call:	
SILVERIO SANTIAC	Ю	at ( <u>786</u>	597-8504
Name of Contact Person		Area Coc	le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
☐ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amendi Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2022

SILVERIO SANTIAGO LAUREANO 3815 SW 16TH STREET APT 8 FORT LAUDERDALE, FL 33312

SUBJECT: MAJABE PROPERTY MAINTENANCE, LLC

Ref. Number: L22000113557

We have received your document for MAJABE PROPERTY MAINTENANCE, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS Clerk

NOV - 4 2022

Letter Number: 622A00023413

## **COVER LETTER**

Tallahassee, FL 32314

	Registration Se Division of Cor				
CUB IEC		PROPERTY MAINTENACE L	LC		
SUBJEC	1:	Name of Limi	ted Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please ret	urn all correspo	ondence concerning this matter t	o the following:		
		SILVERIO SANTIAGO L	AUREANO		
			Name of Person		
		MAJABE PROPERTY MA	ANTENACE LLC		
			Firm/Company		
		3815 SW 16TH STREET A	APT # 8.		
			Address		221
		FORT LAUDERDALE, FL	. 33312		22 NOV -4 PH 4: 48
			City/State and Zip Code	<u></u>	<u> </u>
		MAJABELAWN@GMAIL.	COM		PH
		E-mail address: (1	o be used for future annual report notifi	cation)	<b>5</b> 2
For furthe	er information c	oncerning this matter, please ca	H:		<b>4</b> 8
SILVER	IO SANTIAGO	LAUREANO	786 597-8504		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	he following amount:			
□ \$25.0	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 Sta Certified Copy (additional copy is e	atus &
	Mailing Addres Registration 5	Section	Street Address: Registration Sec		
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	i .O. DUX 032	. 1	THE CERTIC OF IT	ariariassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAJABE PROPERTY MAINTENCE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/04/2022}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_. Florida \_

#### 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
SEC	JOCELYN D SANTIAGO LAURI	3815 SW 16TH STREET APT # 8	
		FORT LAUDERDALE, FL 33312	■Remove
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ffective date, if other than the date an effective date is listed, the date must be sp	of filing:		(optional)	
<b>Sote:</b> If the date inserted in this block d	loes not meet the applic	able statutory filing requ	in 90 days after filing.) Pursi firements, this date will r	not be listed a
ocument's effective date on the Departr	ment of State's records			
record specifies a delayed effective date	e, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th	a day after the
d is filed.			,	•
, NOVEMBER 1	2022			
Pated	·	<del></del> ·		

Filing Fee: \$25.00

Typed or printed name of signee