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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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OIVISION OF COMPORATION

T. MATTHEWS MAY 19 2022

COVER LETTER

TO:

TO: Registration Se Division of Cor			
MAYUBY	LLC	•	•
SUBJECT: Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	UBALDO E GOMEZ GA	RABOTE	
	•	Name of Person	·
	MAYUBY LLC		
		Firm/Company	
	7146 SW 103RD COURT	CIR	
		Address	
	MIAMI, FL 33173		
		City/State and Zip Code	
	ubaldogomez61@gmail.cor		
For further information c	e-mail address: (to be used for future annual report no all:	unication)
UBALDO E GOMEZ G	ARABOTE	786 634-8305	
Name o	f Person		me Telephone Number
Enclosed is a check for the	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 Address		Street Address:	action
Registration Section Division of Corporations		Registration S Division of Co	
P.O. Box 632	2.7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

MAYUBY LLC

22 APR 18 PH 3= 35

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

7.55000155000		2022 and assigned
Florida document number L22000137828	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I.	imited Liability Company," the desig	nation "Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Muning dualess MAT BE AT OST OFFICE BOA)		
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:		rds, enter the name of the new registered
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	Enter Florida .	street address
New Registered Office Address:		
	City	, Florida Zip Code
New Registered Office Address: New Registered Agent's Signature, if changing Registe	City	

If Changing Registered Agent, Signature of New Registered Agent

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
P	UBALDO E GOMEZ GARABOTI	7146 SW 103RD COURT CIR	
		MIAMI, FL 33173	■Remove
			DChange
MGR	UBALDO E GOMEZ GARABOTI	7146 SW 103RD COURT CIR	■Add
		MIAMI, FL 33173	□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0207 (3), filing requirements, this date will not be listed as the
he record specifies a delayed effective date, but not an effective time, at 12:01 a ord is filed.	n.m. on the earlier of: (b) The 90th day after the
Dated APRIL 13 2032	
	ortion of a mount of
Signature of a ffember or authorized represent	auve of a member
UBALDO E GOMEZ GARABOT / Typed or printed name of sign	