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DATE: 11/21/2022

NAME: 5008 MAJOR WAY LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

attage

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21. 10

COVER LETTER **Registration Section** TO: Division of Corporations SUBJECT: SOOS MAJUR WAY LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: HUGO AMPYA Name of Person 5008 MAJOR WAY LLC Firm/Company 2800 ISLIAND BLVO Arrauz AVUTURA, FL 33160 City/State and Zip Code MANNY OF HLA CAPITAL. CM For further information concerning this matter, please call:

HUGO AMAYA at 917 678-7055 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

	F AMENDMENT TO	
ARTICLES OF	ORGANIZATION OF	FILED
<u>5008</u> <u>MAJOR</u> WAY (Name of the Limited Liability Com (A Florida Limited Florida document number <u>L22000204678</u>	Dany as it now appears on our records.) d Trability Company)	2022 NOV 21 AH 10: 00 <u>SECTION YEAR</u> TALLAHASSEE.FL 2and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited line</u> N/A The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		e abbreviation "L.L.C."
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	N/A	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	N/A N/A Enter Florida street address	
	, Florida	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

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Title	Name	Address	Type of Action
MGK	HUGO AMPYA	2800 ISLAND BLVD ATTS	02 DAdd
		Aventura, FL 33160	🗆 Remove
			Change
AMBR	HUGO Ampya	2800 ISLAND BLUDA	
		Aventues, FL 33160	
			Change
			🗋 Add
			🖸 Remove
			🗋 Change
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			Remove
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			Change

D. If amending any other information, enter change(s) here	: (Attach additional sheets, if necessary.)
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _	11/21/22
	17th
	Signature of a member or authorized representative of a member
	HUGO AMAYA
	Typed or printed name of signee

Filing Foot \$25.00