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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| TO: Registration S Division of Co | | , | |
|-----------------------------------|--|---|--|
| Maggii's A | dventure Getaways LLC | • | • |
| SUBJECT: | · | | |
| | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for tiling. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Margarita Pardo | | |
| | | Name of Person | |
| | Maggii's Adventure Getaw | rays LLC | |
| | | Firm/Company | ļu ļu |
| | 29 NE 106 St | | က် () ကြီး () ကြီး () |
| | | Address | |
| | Miami Shores, FL 33138 | | |
| | maggiip@yahoo.com | City/State and Zip Code | <u> </u> |
| | E-mail address: (| to be used for future annual report not | fication) |
| For further information of | concerning this matter, please c | all: | |
| Margarita Pardo | | 305 308-4267 | |
| Name (| of Person | at () Area Code Daytin | e Telephone Number |
| Enclosed 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 Address | | Street Address: | arian. |
| Registration : Division of C | | Registration Se Division of Cor | |
| P.O. Box 632 | - ' | The Centre of T | • |
| Tallahassee, | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Maggii's Adventure Getaways LLC | | |
|--|--|----------------------------------|
| (<u>Name of the Limited L</u> (A F | ability Company as it now appears on our reco lorida Limited Liability Company) | ords.) |
| The Articles of Organization for this Limited Liabiliforida document number 200390344242 | and assigned | |
| This amendment is submitted to amend the following | g: | |
| 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 "Li | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | : | |
| (Principal office address MUST BE A STREET | DDRESS) | 2022 |
| | | (<u>=</u> -,) |
| | | <u> </u> |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX | 2 | |
| | | · |
| B. If amending the registered agent and/or registered and/or the new registered office address he Name of New Registered Agent: | | er the name of the new registe |
| The state of the s | | |
| New Registered Office Address: | Enter Florida street addi | ress |
| _ | | 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 addes or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|-------------------------------------|---------------------------------------|
| AMBR | Teresa Acosta | 29 NE 106 St Miami Shores, FL 33138 | |
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| ffective date, if other t an effective date is listed, the | han the date of fili | ng: | to data of filian ne e | (op | tional) | . 605 0207 . |
| ote: If the date inserted | in this block does not | meet the applica | able statutory filir | ng requirements, t | his date will not be | listed as t |
| ocument's effective date | on the Department of | State's records. | | | | |
| | I effective date, but no | ot an effective ti | me, at 12:01 a.m. | on the earlier of: | (b) The 90th day | after the |
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| f is filed. July 1st | | 2022 n | 1. | | | |
| record specifies a delayed f is filed. July 1st ated | | 2022 | -Mb | | | |
| f is filed. July 1st | | · — () | orized representative | e of a member | | - |

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