

1/17/23, 3:04 PM

L23000523099

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : MIACCOUNTING CO
 Account Number : I20220000131
 Phone : (305)610-2704
 Fax Number : (305)647-6040

**FILED
 Jan 17, 2023 08:00 AM
 Secretary of State**

**Enter the email address for this business entity to be used for future
 annual report mailings. Enter only one email address please.**

Email Address: _____

2023 JUN 17
FRI 4:17

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 8460 LAKE MAJESTY LLC**

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Certified Copy	0
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JAN 18 2023

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COVER LETTER

(((H23000019500 3)))

TO: Registration Section
Division of Corporations

SUBJECT: 8460 LAKE MAJESTY 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:

FILED
Jan 17, 2023 08:00 AM
Secretary of State

BORYS VEKSLER

Name of Person

8460 LAKE MAJESTY LLC

Firm/Company

8460 LAKE MAJESTY LN

Address

PARKLAND, FL 33076

City/State and Zip Code

info@miaaccounting.us

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

BORYS VEKSLER

Name of Person

305 610-2704

at (_____
Area Code) Daytime Telephone Number

Enclosed is a check for the 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:
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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H23000019500 3)))

8460 LAKE MAJESTY 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 12/13/2022 and assigned Florida document number L22000523099.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

FILED

Jan 17, 2023 08:00 AM
Secretary of State

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:

MIACCOUNTING CO

New Registered Office Address:

500 SE 4TH AVE, SUITE 711

Enter Florida street address

HALLANDALE BEACH

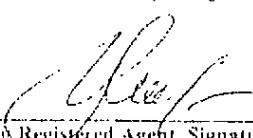
, Florida 33009

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 Changing Registered Agent, Signature of New Registered Agent

(((H23000019500 3)))

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

(((11230000195003)))

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
Jan 17, 2023 08
Secretary of

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 17 DECEMBER 2023

2023

jetsch

Signature of a member or authorized representative of a member

BORYS VEKSLER

EXCISE OR PRINTED NAME OF SOURCE

L'Uomo Uomo 825-828

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