

L23000011371

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 : GOMES INSURANCE & ACCOUNTING CORP
Account Number : 120200000161
Phone : (954)531-1451
Fax Number : (954)697-0677

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

Email Address: paulo@gomesins.com

2023 JAN 26 AM 11:54

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAIA ESTATES LLC

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A. RAMSEY

FEB 14 2023

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAIA ESTATES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAULO GOMES

Name of Person

GOMES INSURANCE & ACCOUNTING CORP

Firm/Company

240 LOCK ROAD

Address

DEERFIELD BEACH, FL 33442

City, State and Zip Code

maiaia@gomesins.com

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

For further information concerning this matter, please call:

Paulo Gomes

954

832-2360

at

Name of Person

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2023 JAN 26 AM 11:54

MAIA ESTATES 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 01/04/2023 and assigned
Florida document number 123000011371.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MAIA UNITED LLC

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)

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Adv.
			☐ Re. Mo.
			☐ Chg.
			☐ Adv.
			☐ De. n.
			☐ Chng.
			☐ Adv.
			☐ Remov.
			☐ Chng.
			☐ Adv.
			☐ Rem.
			☐ Chg.
			☐ Adv.
			☐ Rem.
			☐ Chng.
			☐ Adv.
			☐ Remov.
			☐ Chng.

[illegible]

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.
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be in a document's effective date on the Department of State's records.

Dated JANUARY 26TH 2023

MONIQUE BOTELHO

Typed or printed name of signee

Filing Fee: \$25.00