L23000075398

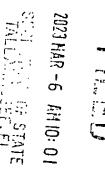
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Registration Sec Division of Corp			
	AGEMENT LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fec(s) are subr	nitted for filing.	
	ndence concerning this matter t		
	THOMAS M TRUONG		
		Name of Person	
	MAY MANAGEMENT LE	LC	
		Firm/Company	
655 PLANTATION KEY CIR APT 201			202 35 75
		Address	
	OCOEE, FL 34761		2023 MAR - 6 AH 10: 0
		City/State and Zip Code	
	tmastr@gmail.com	to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca		OI OI
THOMAS M TRUONG		305 297-3617	
Name o	f Person	at () Area Code Daytin	ne 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 Addre Registration	Section	Street Address: Registration So Division of Co	
Division of C P.O. Box 633		The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAY MANAGEMENT LLC			
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) Sility Company)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L23000075398</u> .		and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	ry company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LI.C" or the al	obreviation "L.L.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		- 6	# #F #1721#
Enter new mailing address, if applicable:		An 10:	
(Mailing address MAY BE A POST OFFICE BOX)		OI IE	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the nar	ne of the new	<u>register</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida _	Zip Code	
	City		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	THOMAS, TRUONG M	655 PLANTATION KEY CIR, APT 201	□Add
		OCOEE, FL 34761	\BRemove
			□Change
MGR	NGUYEN, ALICIA N	655 PLANTATION KEY CIR, APT 201	
		OCOEE, FL 34761	=Remove
			□Change
MGR	TRUONG, THOMAS M	655 PLANTATION KEY CIR, APT 201	
		OCOEE, FL 34761	□Remove
			□Change
			□Add 23 □Remove □
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			□Remove
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ffective date, if other than the dat an effective date is listed, the date must be stote: If the date inserted in this block ocument's effective date on the Depar	MOC2 HOLHICGE OR AM	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	more than 90 days aff ling requirements, the	tional) ter filing.) Pursuant to 6 his date will not be l	505.020 isted a
record specifies a delayed effective da Lis filed.	ite, but not an effectiv	e time, at 12:01 a.r	n, on the earlier of:		
	2022			202 55	
	2023	_			
MARCH 1	, 2023	()		3	(22
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