

L23000075398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRET OF STATE
TALLAHASSEE, FL

2023 MAR -6 AM 10:01

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAY MANAGEMENT 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:

THOMAS M TRUONG

Name of Person

MAY MANAGEMENT LLC

Firm/Company

655 PLANTATION KEY CIR APT 201

Address

OCOE, FL 34761

City/State and Zip Code

tmastr@gmail.com

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

2023 MAR -6 AM 10:01
STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

THOMAS M TRUONG

305 297-3617
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

MAY MANAGEMENT LLC

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	THOMAS, TRUONG M	655 PLANTATION KEY CIR, APT 201	<input type="checkbox"/> Add
		OCOEE, FL 34761	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NGUYEN, ALICIA N	655 PLANTATION KEY CIR, APT 201	<input type="checkbox"/> Add
		OCOEE, FL 34761	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRUONG, THOMAS M	655 PLANTATION KEY CIR, APT 201	<input checked="" type="checkbox"/> Add
		OCOEE, FL 34761	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

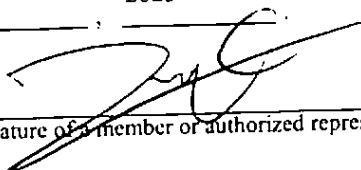
REC'D
MAY 10 2023
STATE OF FL
HIO: 19
ADD

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 MARCH 1, 2023



Signature of a member or authorized representative of a member

THOMAS M TRUONG

Typed or printed name of signee

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DEPT. OF STATE
FILED