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COVER LETTER

Division of Corporations		
SUBJECT: LEMAY HOLDINGS 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:		
Heather Sola Name of Person		
Firm/Company		
3205 W 16th Ave Lot C65		
Hialeah FL 33012 City/State and Zip Code		
tamayomarfi@gmail.com. E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Heather Sola. at (786) 606-0379 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
☐ \$25.00 Filing Fee \$\forall \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section Street Address: Registration Section		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TQ:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO 2023 JUL 12 PH 1: 11 OF TALLAR MAY 11

LEMAY HOLDINGS 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 $\frac{02/15/2023}{15/2023}$ and assigned Florida document number $\frac{23000083103}{15/2023}$
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 Liabi	lity 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)	3205 W 16th Ave Lot C65 Hialeah, FL33012
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3205 W 16th Ave Lot C65

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:

Heather Sola

3205 W 16th Ave Lot C65

Enter Florida street address

1tialeah Florida 33012

City Zip Code Name of New Registered Agent: New Registered Office Address:

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

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
MBR	Heather Sola.	3205 W 16th Ave	XAdd
		Lot C65	□Remove
		Hialeah, FL 33012	□ Change
AMBR	Heather Sola	3205 W 16th Ave	X Add
		Lot C65	□Remove
		Hialeah, FL 33012	> □Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change

lf amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe iote:	ve date, if other than the date of filing:
record is file	I 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 ed.
ated _	Signature of a member or authorized representative of a member
	~
	PICARDO C TAMAYO MARTI Typed or printed name of signee

Filing Fee: \$25.00