L23006147251

| (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (Dity/State/Zip/Phone #) (Business Entity Name) (Document Number) (Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORNE AUG 1 5 2023 | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| (City/State/Zip/Phone #) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORNE | (Requestor's Name) |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | (Address) |
| PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | (City/State/Zip/Phone #) |
| (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORNE | PICK-UP WAIT MAIL |
| Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORNE | (Business Entity Name) |
| Special Instructions to Filing Officer: J. HORNE | (Document Number) |
| J. HORNE | Certified Copies Certificates of Status |
| | Special Instructions to Filing Officer: |
| AUG 1 5 2023 | J. HORNE |
| | AUG 1 5 2023 |
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Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

| TO: Registration Se Division of Cor | | | | | |
|-----------------------------------------------|----------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|--|
| MAYIM LI | LC | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| | ondence concerning this matter | _ | | | |
| | Joseph Meir Andrusier | | | | |
| | | Name of Person | | | |
| | MAYIM LLC | | | | |
| | | Firm/Company | | | |
| | 4591 NW 70TH AVE | | | | |
| | | Address | | | |
| | LAUDERHILL FL, 33319 | | | | |
| | | City/State and Zip Code | | | |
| | MAYIMLLC.USA@GMAI E-mail address: (1 | L.COM to be used for future annual report not | ification) | | |
| For further information c | oncerning this matter, please ca | all: | | | |
| Joseph Meir Andrusier | | 954 699-5928 | | | |
| Name o | f Person | at () Area Code Daytin | ne Telephone Number | | |
| Enclosed is a check for th | ne 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 Addres | | Street Address: | | | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF APIL 27

MAYIM 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 3/23/2023 | and assigned | |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------|--|
| Florida document number L23000147251 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LI | .C" 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) | | | |
| | | 2000 | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>ente</u> | er the name of the new registered | |
| | | | |
| Name of New Registered Agent: | ···- | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , 1 | Florida Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | · | εψ cone | |

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 |
|--------------|------------------------|------------------------------------------------|----------------|
| AMBR | Joseph Meir Andrusier | 4591 Nw 70th Ave Lauderhill FL 33319 | = Ad d |
| | | | □Remove |
| | | | □Change |
| AMBR | Nissan Isaac Andrusier | 7041 Environ Blvd Apt# 226 Lauderhill FL 33319 | = Adđ |
| | | | □Remove |
| | | | □Change |
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| Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this bedocument's effective date on the I | lock does not meet t | the applicable s | of filing or more the tatutory filing req | (options an 90 days after fili uirements, this da | il) ng.) Pursuant to 605.0. ite will not be listed | 1207 (1 as 1 |
| e record specifies a delayed effecti d is filed. | e date, but not an e | ffective time, a | t 12:01 a.m. on th | e earlier of: (b) | The 90th day after t | the |
| Dated April 3 | 20 |)23 | | | | |
| | | , | | | | |
| Kanda 1 | a Add | rece | • | | | |

Filing Fee: \$25.00