

**L23000161868**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H230002144573ABC

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : E & F LATIN GROUP LLC  
Account Number : I20160000049  
Phone : (954)384-8565  
Fax Number : (954)302-4976

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

Email Address: Office@eflatinaccounting.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MIDIMAJA LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 JUN 14 PM 4:50

RECEIVED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MIDIMAJA 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:

DIEGO FIGUEROA

\_\_\_\_\_  
Name of Person

E & F LATIN GROUP LLC

\_\_\_\_\_  
Firm/Company

1820 N CORPORATE LAKES BLVD, STE. 109

\_\_\_\_\_  
Address

WESTON FL 33326

\_\_\_\_\_  
City/State and Zip Code

diego@eflatinaccounting.com

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

For further information concerning this matter, please call:

Diego Figueroa

at ( 954 ) 384 8565  
\_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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 32304

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
200 South Adams Street  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MIDIMAJA 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 03/31/2023 and assigned  
Florida document number L23000161868.

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 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:

E & F LATIN GROUP, LLC

New Registered Office Address:

1820 N CORPORATE LAKES BLVD, STE. 109

Enter Florida street address

WESTON

City

Florida 33326

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.*

*Dean Plamondon*

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>                      |
|--------------|-----------------|-----------------------------|--|
| AMBR         | MONSALVE, DIANA | 16300 GOLF CLUB RD, APT 608 | <input type="checkbox"/> Add               |
|              |                 | WESTON, FL 33336            | <input checked="" type="checkbox"/> Remove |
|              |                 |                             | <input type="checkbox"/> Change            |
| AMBR         | VEGA, RUBY      | 16300 GOLF CLUB RD, APT 608 | <input type="checkbox"/> Add               |
|              |                 | WESTON, FL 33336            | <input checked="" 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            |
|              |                 |                             | <input type="checkbox"/> Add               |
|              |                 |                             | <input type="checkbox"/> Remove            |
|              |                 |                             | <input type="checkbox"/> Change            |
|              |                 |                             | <input type="checkbox"/> Add               |
|              |                 |                             | <input type="checkbox"/> Remove            |
|              |                 |                             | <input type="checkbox"/> Change            |

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

Employer Identification Number: 92-3388803

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be at least 15 days before the date of filing.)

(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 entered in this block is the date of filing, the date of filing must be entered in the date of filing block.

**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 JUNE 14 2023

Signature of a member or authorized representative of a member

DIEGO FIGUEROA

Typed or printed name of signee