

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

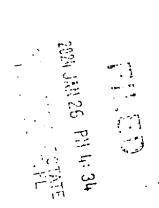




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## **COVER LETTER**

TO: Registration Se Division of Cor				
Maju Globa	LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Sam Lehr			
		Name of Person		
		Name of Person		
	<del></del>	Firm/Company		
	407 LINCOLN ROAD SU			
		Address		
	Miami Beach Florida 3313			
		City/State and Zip Code		
	johanna.chone@gmail.com	and an and a second		
	E-mail address: (	to be used for future annual report notificati	on)	
For further information co	oncerning this matter, please ca	all:		1 (m)
Sam Lehr		215 8062360 at ()		
Name of	Person		ephone Number	100 JAN 26
Enclosed is a check for th	e following amount:			2 3
<b>■ \$</b> 25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	us & Till F

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our re- oility Company)	ords.)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L23000271658</u> .	ere filed on June 5, 2023		and ass	igned
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	v company here:			
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "l	.L.C" or the abbr	eviation "L.	IC."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				
-				
nter new mailing address, if applicable:		<del></del>		
Mailing address MAY BE A POST OFFICE BOX)				
-		·-·		<del></del>
3. If amending the registered agent and/or registered office add gent and/or the new registered office address here:	lress on our records, <u>en</u>	ter the name	of the nev	v register
	lress on our records, <u>en</u>	er the name	of the nev	v register
gent and/or the new registered office address here:  Name of New Registered Agent:	lress on our records, <u>en</u>	ter the name	of the nev	v register
gent and/or the new registered office address here:	lress on our records, <u>en</u> Enter Florida street ad		of the nev	v register
gent and/or the new registered office address here:  Name of New Registered Agent:	Enter Florida street ada	tress	·:	20
gent and/or the new registered office address here:  Name of New Registered Agent:	Enter Florida street ada	tress	of the nev	20

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	Samuel Lehr	407 LINCOLN ROADSUITE 6H PMB 1099MIAM	IB □Add
			<b>=</b> Remove
			□Change
AMBR	Johanna Chone	407 LINCOLN ROADSUITE 6H PMB 1099MIAM	IB ≣Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			_ □Add_2324
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te: If the date inso	erted in this block d	loes not me	et the appli	cable statut	ory filing re	quirements	this da	te will not	ne list <b>e</b> d a
cument's effective	date on the Depart	ment of Sta	ite's records	5.					
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	layed effective date	e, but not ar	n effective t	time, at 12:0	01 a.m. on t	he earlier o	f: (b)	The 90th da	y after The
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December 19			2023					•	
red	<del>-</del>	·		<u> </u>					
		$\wedge$							
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	Sign	ature of a me	mber or auti	torized repre	sentative of	member			

Filing Fee: \$25.00