

Florida Department of State
Division of Corporations
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L23000444914

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

From: Account Name : LUPA ENTERPRISES INC
Account Number : I20200000050
Phone : (727)298-8007
Fax Number : (305)397-0980

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

Email Address: filings@usacorporationservices.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAYCO GLOBAL SERVICES LLC

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TALLAHASSEE, FL

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SEP 12 2024

K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mayco Global Services 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 09/26/2023 and assigned Florida document number L23000444914.

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)

Form with horizontal lines for address entry and a vertical stamp: 2024 SEP 11 11:28

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:

Horizontal line for name entry

New Registered Office Address:

Horizontal line for address entry

Enter Florida street address

Horizontal line for city and state entry

Florida

City

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.

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>
<u>MGRM</u>	<u>GERARDO MANSVAIS ESPARZA, MIGUEL ANGEL</u>	<u>FRANCISCO GALILEO 9 INT 41 VILLAS EL ROBLE</u>	<input type="checkbox"/> Add
		<u>QUERETARO MEXICO 76904 MX</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MBR</u>	<u>NICKOLAS WELLS</u>	<u>1023 GILLIAM MOUNTAIN RD</u>	<input checked="" type="checkbox"/> Add
		<u>HENDERSONVILLE, NC, 28792</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MBR</u>	<u>MARTHA ALICIA YAÑEZ PACHECO</u>	<u>MISION DE JESUITAS 429 RESIDENCIAL LAS MISIONES V</u>	<input checked="" type="checkbox"/> Add
		<u>SECTOR SALTILLO COAHUILA MEXICO 25209</u>	<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

