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(Address)

(City/State/Zip/Phone #)

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900423202439

02/12/24--01026--019 **39.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maomi Enterprise 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:

Brandon Wilson

Name of Person

Maomi Enterprise LLC

Firm/Company

22122 WEEKS BLVD

Address

LAND O LAKES, FL 34639

City/State and Zip Code

myprimecrew@gmail.com

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

For further information concerning this matter, please call:

Brandon Wilson

888 8029695

at ()

Name of Person

Area Code

Daytime Telephone Number

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 32314

Street Address:

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

Maomi Enterprise LLC

Dream Crew LLC

1065 SW 8th St #1769 Miami, FL 33130

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00