# 12400097969

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)	
	WAIT	MAIL
(Bu	isiness Entity Name)	
(Dc	ocument Number)	
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## **COVER LETTER**

TO:	<b>Registration Section</b>
	Division of Corporations

MAY ELITE SOLUTION LLC

SUBJECT: \_

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:

NINA BIRNBACH

Name of Person

NINA BIRNBACH, CPA. PA

Firm/Company

10651 NE 11 COURT

Address

MIAMI SHORES, FL 33138

City/State and Zip Code

NINAZB@BELLSOUTH.NET

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

🔳 \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> 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

S60.00 Filing Fee.

Certified Cop

Certificate of St

HR -8 AM 10:

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

### MAY ELITE SOLUTION 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  $\frac{02/26/2004}{2004}$ \_\_\_\_\_ and assigned Florida document number 124000097969

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:		
New Registered Office Address:		
	Enter Florida street a	uddress
		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:	· 5 20
I hereby accept the appointment as registered age, provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my dutie l agent as provided for in Chapter ( ered office address, I hereby confir	es, and I am familiar with and 605, F.S. Or. if This document is m that the limited liability FI STATE C

II Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

### MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	<b>Type of Action</b>
AMBR	AVI ABUHASIRA	19058 NE 26 CT	🖸 Add
		AVENTURA, FL 33180	Remove
MGR	AVI ABUHASIRA	19058 NE 26 CT	🖬 Add
		AVENTURA, FL 33180	🗆 Remove
			□Change
			□ Add
			🗆 Remove
			□Change
	<u></u>		🗆 Add
			🗆 Remove
			□Change
			SECIL
			HAREMOVE F
			SSHELSTATE
			□Change

D. If amending any other information,	enter change(s) here:	(Attach additional sheets,	if necessary.)
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F F.G.	02/26/2024	
(If an ei	tive date, if other than the date of filing:(optional) ffective 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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t	he
docur	ment's effective date on the Department of State's records.	
		9 <b>-</b> 11
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 20th da 🛃 ter the	0 Å
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Dated	3142024	SE	AMI	O
	N- Rynn April	E. FI	2	
	Signature of a member or authorized representative of a member	<u> </u>		

Typed or printed name of signee