

L24000398342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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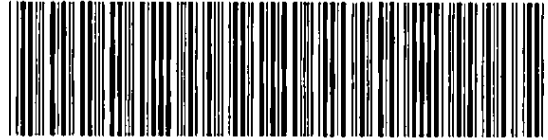
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maliayo Property, 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:

Isabel Pacheco
Name of Person
Maliayo Property, LLC
Firm/Company
520 ~~London~~ Harbor Dr.
Address
Key Biscayne, FL 33149
City/State and Zip Code
more pacheco@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isabel Pacheco at (305) 305-6798
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

Maliayo Property, LLC

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>
MGR	Andreu-Verna, Isabel	2333 Brickell Ave	<input type="checkbox"/> Add
		Apt. 403	<input checked="" type="checkbox"/> Remove
		Miami, FL 33129	<input type="checkbox"/> Change
MGR	Oscar Alvarez	6400 NW 114th Ave	<input checked="" type="checkbox"/> Add
		Apt 1137	<input type="checkbox"/> Remove
		Doral, FL 33178	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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 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 October 29, 2024.

M. J. P. C. C.

Signature of a member or authorized representative of a member

Isabel M. Pacheco

Typed or printed name of signee

Filing Fee: \$25.00