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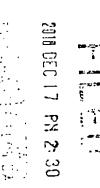
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Makaua : As	asociates, LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARK MARK 1361	Makara Name of Person Makara CTA, L Royal Palm og Finn/Company	LC #1
	Foet	Myers, FL 359 Address	
	MAEK E-mail address: (City/State and Zip Code City/State and Zip Code Code	m ication)
For further information c	oncerning this matter, please c	all:	73
MARY 1 Name of	OF Person	at (<u>239</u>) <u>292</u> Area Code Daytime	79H3 ETelephone Number
Enclosed is a check for the	he 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)
MAII	INC ADDRESS:	STDEUT/COUDII	FR ADDRESS.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marper	: Associ	Ites L	C		
(<u>Name of the Limited Li</u> (A F	iability Company a lorida Limited Liabi	s it now appears lity Company)	on our records.)		
The Articles of Organization for this Limited Liabili	ity Company we	re filed on	10-16-200	and assigne	d
Florida document numberL0700010530	2				
This amendment is submitted to amend the followin	g:				
A. If amending name, enter the new name of the	limited liability	company her	<u>e</u> :		
Mark Makaza Cr	A, LLC				
The new name must be distinguishable and contain the words	"Limited Liability (ompany," the des	ignation "LLC" or the a	abbreviation "L.L.C."	,
Enter new principal offices address, if applicable	: _	1361	Royal Palm	59 #1	<u></u>
Principal office address MUST BE A STREET A	DDRESS) _	Tost	myers, FL	- 33919	
	_		·		
Enter new mailing address, if applicable:	_	1361	Royal Pala	N 59 #1	L
Mailing address MAY BE A POST OFFICE BOX	<u>0</u> _		1	33919	
	_			<u> </u>	
B. If amending the registered agent and/or r		address on (our records, <u>ente</u>	the name of t	he new
registered agent and/or the new registered office	address nere:			PEC .	G255681
Name of New Registered Agent:				17	H
New Registered Office Address:	1361	Royal Enter Florid	Palm 59	# 100 2	
	Foet M	Y825	Florida _	339198	
		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>	Address	Type of Action
			Remove
	ALM		Change
			□ Add
	•		□ Remove
			Change
			□ Remove
			Change
			
			Remove
			Add Carlotter (and back)
			30 □ Remove
			Change
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an effective date is listed, the ote: If the date inserted	nan the date of filing: date must be specific and cannot be prior to date of filing on this block does not meet the applicable statutory for the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.02 iling requirements, this date will not be listed.
record specifies a The 90th day after	ielayed effective date, but not an effectiv he record is filed.	ve time, at 12:01 a.m. on the earlier
ited <u>Deciant</u>	EX 11 North Walder	
-	Signature of a member or authorized representa	tive of a member

Page 3 of 3

Filing Fee: \$25.00