LD8000051753

(Requestor's Name)				
(Address)				
(Address)				
(
(0) (0) (7)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
, , , , , , , , , , , , , , , , , , ,				
Certified Copies Certificates of Status				
Certified Copies Certificates of Status				
·				
Special Instructions to Filing Officer:				
·				

Office Use Only



800133973468

08/12/08--01033--003 **25.00



COVER LETTER

Division of Cor				
SUBJECT: MAK-14	104, LLC			
		ited Liability Company)		
	Amendment and fee(s) are sub	•		
Please return all correspo	ndence concerning this matter	to the following:		
	LAURENT BENSOUSSA	AN		
		(Name of Person)		
	MAK-1404, LLC			
		(Firm/Company)		
	4141 NE 2 AVE. SUITE 105-C			
		(Address)		
	MIAMI, FL 33137			
	The second secon	(City/State and Zip Code)	To the same of the	
For further information co	oncerning this matter, please c	all:	· · · · · · · · · · · · · · · · · · ·	
LAURENT BENSOUSS	SAN	at (305) 773.4001		
	f Person)	(Area Code & Daytime T	'elephone Number)	
Enclosed is a check for th	e 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 AUG 12 PM 12: 06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAK-1404, 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 05.23.2008	and assigned	
Florida document number L08000051753			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
MAK-C112, LLC			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the des	signation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	4141 NE 2 AVE. SUITE 10	05-C	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33137		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	 	 	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	, F	lorida	
	(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 608, 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, amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> Address Type of Action MGRM MICHEL ZAJDENBERG ■ 🗸 Add 4141 NE 2 AVE. SUITE 105-C Remove MIAMI, FL 33137 (PLEASE UPDATE ADDRESS) **KEVIN ZAJDENBERG** MGRM 4141 NE 2 AVE. SUITE 105-C ₽/7 Add MIAMI, FL 33137 Remove (PLEASE UPDATE ADDRESS) **∄** Add Remove _ Add ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated JULY 17 2008 Signature of Inember or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00