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| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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EXAMINER

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|--|---|
| SUBJECT: MAK In | | ited Liability Company) | |
| | (* (*********************************** | tion zinemy company) | |
| | Amendment and fee(s) are sub | <u> </u> | |
| | Lisa Capote | | |
| | | (Name of Person) | |
| | L. Capote, PA | | |
| | | (Firm/Company) | ···· |
| | 469 N Pine Island Rd # B | 3-105 | |
| | | (Address) | |
| | Plantation, Florida 33324 | | |
| | | (City/State and Zip Code) | |
| For further information c | oncerning this matter, please co | all: | 2008 DEC SECRET |
| Lisa Capote | | at (305) 968-1992 | |
| (Name | of Person) | (Area Code & Daytime 7 | Telephone Number) |
| Enclosed is a check for the | ne following amount: | | AM II: IL |
| ☑ \$25.00 Filing Fee | ☐\$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | O\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Registr Divisio | ING ADDRESS: ation Section n of Corporations ox 6327 | STREET/COURIER Registration Section Division of Corporation Clifton Building | |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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

| MAK International, LLC | | | | | | |
|--|--|--|------------------------------|--|--|--|
| (Name of the Limited | I Liability Company A Florida Limited Lia | y as it now appears on our records. ability Company) |) | | | |
| The Articles of Organization for this Limited Liability Company were filed on and assigned | | | | | | |
| Florida document number 1.08000070973 | | | | | | |
| This amendment is submitted to amend the following | lowing: | | | | | |
| A. If amending name, enter the new name of | of the limited liabil | ity company here: | · | | | |
| The new name must be distinguishable and end wi "L.L.C." | th the words "Limite | ed Liability Company," the designation | on "LLC" or the abbreviation | | | |
| Enter new principal offices address, if applic | cable: | | ECR T | | | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | | TARY | | | |
| | | | THE COUNTY | | | |
| Enter new mailing address, if applicable: | | | STATE LORD | | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | | | | |
| | | The state of the s | . , . , , | | | |
| B. If amending the registered agent and/ registered agent and/or the new registered o | | | er the name of the new | | | |
| Name of New Registered Agent: | Lisa Capote | | | | | |
| New Registered Office Address: | 469 N Pine Island Rd # B-105 | | | | | |
| | | (Enter Florida stree | t address) | | | |
| | Plantation | , Florida | | | | |
| New Registered Agent's Signature, if changing | Danistanad A | (City) | (Zip Code) | | | |
| TICK REVISIEDEN AVEIR SAMMANIER, N.CHANDING I | REVISIETEU AVERT' | | | | | |

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 Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> **Type of Action** MGR Lisa Capote 469 N Pine Island Rd # B-105 ■ 7 Add Plantation, Florida 33324 ■ Remove Add
 Remove Add 🗂 Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December 2 2008

Typed or printed name of signee

Allison M. Stattner

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00