

209000084760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

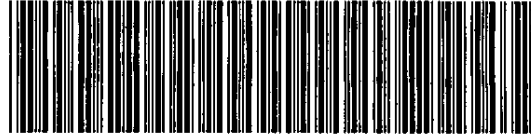
(Business Entity Name)

(Document Number)

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2018 APR 17 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAFECA, 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:

Michele B. Softness, Esq  
Name of Person  
CARTON, Fields, Jordan BURT PA  
Firm/Company  
100 SE Second Street #4200  
Address  
MIAMI FL 33131  
City/State and Zip Code  
M.Softness@cartonfields.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michele Softness at 305 539 7234  
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 & Certified Copy (additional copy i

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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Registi  
Divisio  
Clifton  
2661 E  
Tallahai

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MAFECA, 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 \_\_\_\_\_ and assigned  
Florida document number L09000084760

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 address

City

Florida

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

| Title | Name                                  | Address                            | Type of Action   |
|-------|---------------------------------------|------------------------------------|--|
| MGRM  | MONTES DE OCA,<br><del>LISANDRO</del> | <del>770 CLAUGHTON ISLAND DR</del> | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|       |                                       | # CU-1                             |  |
|       |                                       | MIAMI, FL 33131                    | <input type="checkbox"/> Change  |
| MGRM  | TORREALBA,<br>MARIA CAROLINA          |                                    | <input type="checkbox"/> Add   |
|       |                                       | 770 CLAUGHTON ISLAND DR            | <input checked="" type="checkbox"/> Remove                                 |
|       |                                       | # CU-1                             |  |
|       |                                       | MIAMI, FL 33131                    | <input type="checkbox"/> Change  |
| MGR   | MONTES DE OCA,<br>LISANDRO            | 7620 NW 25TH ST. SUITE 9           | <input checked="" type="checkbox"/> Add                                    |
|       |                                       | MIAMI, FL 33122                    | <input type="checkbox"/> Remove  |
|       |                                       |                                    | <input type="checkbox"/> Change  |
| MGR   | TORREALBA,<br>MARIA CARDINA           | 7620 NW 25TH ST. SUITE 9           | <input checked="" type="checkbox"/> Add                                    |
|       |                                       | MIAMI, FL 33122                    | <input type="checkbox"/> Remove  |
|       |                                       |                                    | <input type="checkbox"/> Change  |
|       |                                       |                                    | <input type="checkbox"/> Add   |
|       |                                       |                                    | <input type="checkbox"/> Remove  |
|       |                                       |                                    | <input type="checkbox"/> Change  |
|       |                                       |                                    | <input type="checkbox"/> Add   |
|       |                                       |                                    | <input type="checkbox"/> Remove  |
|       |                                       |                                    | <input type="checkbox"/> Change  |

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

SECRETARY  
ITALAHASSE


**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.)

**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.

(b) The 90th day after the record is filed.

Dated MARCH 19, 2018

X  Signature of a member

Signature of a member or authorized representative of a member

X <sup>✓</sup> LISÁNDRO MONTES de Oca.

Typed or printed name of signee

FILED  
2019 APR 17 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Want to 605.0207 (3)(b)  
not be listed as the