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#### **COVER LETTER**

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Registration Section Division of Corporations

#### mekatka PM, LLC **UBJECT**: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Jaqui Levy Hara Name of Person mekafka PM, LLC Firm/Company 20900 NE 30th Ave Suite #603 Address Aventura, FL 35180 City/State and Zip Code jaquigruz@hotmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: agui Levy Hara 305 917-7673 Daytime Telephone Number Name of Person inclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. 🖷 \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed): (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mekatka PM, 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 \_\_\_\_ Florida document number £11000030825 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL.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) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered igent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City New Registered Agent's Signature, if changing Registered Agent: 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 veing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change. If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

## AGR = Manager

### AMBR = Authorized Member

<u> itle</u>	<u>Name</u>	Address	Type of Action
viGR ———	Pirulo. Corp	20900 NE 30th Ave Suite 603	■Add
		Aventura, FL 33180	□ Remove
			□Change
иGR ———	Sag Consultants, LLC	20900 NE 30th Suite 603	
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Signature of almember or authorized representative of a member	ed <u>July 17</u>		) <u>2020</u>	<b>-</b> ·			
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