

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003028943)))



H190003028943ABC3

Note	: DO NOT hit the REFRESH/RELOAD button on your browser from this
	page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : COMPUTAX USA INC.

Account Number: I20000000254

Phone Fax Number : (727)546-3335 : (727)546-3365

Enter the email address for this business entity to be used for future innual report mailings. Enter only one email address please.

Ę	mail	Address:	 	
i			 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DANIEL MACKO LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

IGLASS

OCT 1 4 2019

Electronic Filing Menu

Corporate Filing Monu

Help

H190003028943 ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

		L MACKO LLC		
	(Name of the Limited Liability Con (A Florida Limit	nnany as it now appears ed Liability Company)	on our records)	· ·····
The Articles of Organi Florida document num	ization for this Limited Liability Compa lberL11000087641	my were filed on	08/01/2011	und assigned
This amendment is sub	pmitted to amend the following:			
A. If amending num	e, enter the new name of the limited li	ability company he	<u>re</u> :	
The new name must be dis	inguishable and contain the words "Limited Li	ability Company," the de	signation "LLC" or the a	phreviation "L.L.C."
Enter new principal	offices address, if applicable:			-
Principal office addre	XX MUST BE A STREET ADDRESS)			21
				
12-4				I
Enter new mailing ad	· • • •			
(Mailing address MA)	Y BE A POST OFFICE BOX)		······	
	registered agent and/or registered		our records, enter	the name of the new
registered agent and/	or the new registered office address h	<u>ere</u> :		
Name of New	Registered Agent:			· · · · · · · · · · · · · · · · · · ·
Mary Designa	ed Office Address:			
NEW KERISTOI	Ca Office Address:	Enter Florid	da stract address	
		City	, Florida	Zip Code
	<u> </u>	•		Zip Coae
New Registered Agent	Signature, if changing Registered Ages	<u>11:</u>		
provisions of all statu accept the obligations being filed to mercly	pointment as registered agent and a les relative to the proper and comple of my position as registered agent a reflect a change in the registered offi- tified in writing of this change.	te performance of n s provided for in Cl	ny duties, and I am f lapter 605, F.S. Or.	amillar with and if this document is
	īrci	nanging Registered Age	nt, Signature of New Re	etstered August

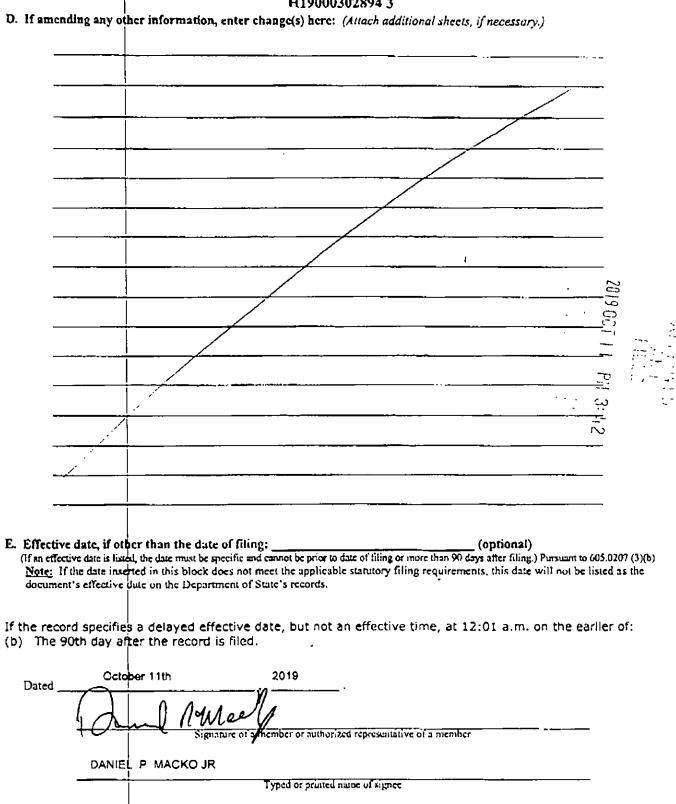
Page 1 of 3

H19000302894-3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:				
MCR = M AMBR = A	lanager Uthorized Member			
Title	Nume	Address	Type of Action	
AMBR	DANIEL JOEL MACKO	5933 Venetian 8lvd, NE St Potorsburg FL 33703	S Add	
			☐ Remove	
			Change	
			Add	
			Remove	
			Change	
	-		Change	
			Remove	
			□ Change	
			D VIGO	
			□ Remove	
			Change	
		· ———·		
		··································	© Rentove	
			Change	
			D AW	
			C Remove	
			C) Change	

Page 2 of 3

H19000302894 3



Page 3 of 3