

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MACO IT SOLUTIONS, 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:

MIGUEL A. CAPO
Name of Person
MACO IT SOLUTIONS, LLC
Firm/Company
8567 CORAL WAY, #392
Address
MIAMI, FL 33155
City/State and Zip Code
MCAPO@MACOIT.NET
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 APR 24 PM 4:46

For further information concerning this matter, please call:

RICARDO FERNANDEZ at 786 7736862
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 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CAPO MIGUEL AMR	8567 CORAL WAY, #392	<input type="checkbox"/> Add
		MIAMI, FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	CAPO, MIGUEL AMR	8567 CORAL WAY, #392	<input type="checkbox"/> Add
		MIAMI, FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MACO SOLUTIONS, INC	8567 CORAL WAY, #392	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33155	<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

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

Multiple horizontal lines for amending information.

FILED U.S. STATE SECRETARY OF FLORIDA TALLAHASSEE, FLORIDA 17 APR 24 PM 4: 46

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.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated APRIL 19TH, 2017

Handwritten signature of Miguel A. Caipo

Signature of a member or authorized representative of a member

MIGUEL A. CAPO

Typed or printed name of signee