(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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# **COVER LETTER**

TO: Registration So		
	SOLUTIONS, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspond	ondence 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 $\Rightarrow \varphi$	
	City/State and Zip Code	
	MCAPO@MACOIT.NET	المعالمة المعالمة
	E-mail address: (to be used for future annual report notification)	27
For further information of	concerning this matter, please call:	⊇¦ċ:
RICARDO FERNANDI	at(	3三。
Name o	of Person Area Code Daytime Telephone Number	5mg.
Enclosed is a check for t	he following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)  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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACO IT SOLUTIONS LLC			
(Name of the Limite	d Liability Company A Florida Limited Liab	as it now appears on our record bility Company)	<u>ls.</u> )
The Articles of Organization for this Limited Li	ability Company we	ere filed on 08/01/2012	and assigned
Florida document number L12000099207	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabilit	ty company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability	Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I  B. If amending the registered agent and/ registered agent and/or the new registered of	or registered offic	ce address on our record	Is, enter the name of the new
Name of New Registered Agent:	MIGUEL A. CAP	PO	
New Registered Office Address:	8567 CORAL WA		
<u>-</u>		Enter Florida street addre	
	MIAMI	, F	lorida 33155
•		City	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

Page 1 of 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CAPO MIGUEL AMR	8567 CORAL WAY, #392	
		MIAMI, FL 33155	■ Remove
			☐ Change
MGRM	CAPO, MIGUEL AMR	8567 CORAL WAY, #392	
		MIAMI, FL 33155	■ Remove
			□ Change → Ch
MGR	MACO SOLUTIONS, INC	8567 CORAL WAY, #392	ABOVE SEE
		MIAMI, FL 33155	Remove F.S.
			□ Change R
			□ Add
			Remove
			☐ Change
<del></del>			D Add
•			□ Remove
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			□ Remove
			Change

		200
	THOR PL	CAR.
	PR	337
		marc
		F 050
		100
(If an el	tive date, if other than the date of filing:  (optional)  ffective 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 605.0  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed pent's effective date on the Department of State's records.	207 (3)(b) as the
	ccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed.	of:
Dated	APRIL 19TH	•
	Signature of a member of a general representative of a member	

Page 3 of 3

Filing Fee: \$25.00