# 113000107861

| (Red                      | questor's Name)   |             |
|---------------------------|-------------------|-------------|
| (Add                      | tress)            |             |
| (Add                      | dress)            |             |
| (City                     | //State/Zip/Phone | e #)        |
| PICK-UP                   | WAIT              | MAIL        |
| (Bus                      | siness Entity Nar | me)         |
| (Doc                      | cument Number)    |             |
| Certified Copies          | Certificates      | s of Status |
| Special Instructions to F | Filing Officer:   |             |
|                           |                   |             |
|                           |                   |             |
|                           |                   | i           |

Office Use Only



300289100623

08/17/16--01008--011 \*\*30.00

16 AUG 17 AM II: 84

AUG 1 9 2016

Y SULKER

### **COVER LETTER**

| TO: Registration Section Division of Corporation    |  |   |  |
|---|--|---|--|
| SUBJECT:  | ADE Enter Name of Limi                     | Drises LLC  ted Liability Company   |  |
| The enclosed Articles of Am                         | endment and fee(s) are subr                | nitted for filing.  |  |
| Please return all corresponde                       |  | <del>-</del>  |  |
|   | Andrew MADE 18520 Miami                    | Name of Person  Kids Firm/Company  NW 67th Av  Address  Lakes, FL 330  City/State and Zip Code  ade kids. com o be used for future annual report notificati |  |
|   |  | •   | ion)   |
| For further information conc  Andrew Gu  Name of Pe | zman :                                     | at ( <u>305</u> ) <u>934 ~ 773</u><br>Area Code Daytime Tel   | lephone Number   |
| Enclosed is a check for the fe                      | ollowing amount:                           |   |  |
| □ \$25.00 Filing Fee I                              | \$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

## TO ARTICLES OF ORGANIZATION OF

| MADE ENTERPRISES, LLC  | , ,  |
|--|--|
| (Name of the Limited Liability Company as it now appears on our reco<br>(A Florida Limited Liability Company)  | rds.)  |
| The Articles of Organization for this Limited Liability Company were filed on 7/31/20  | and assigned   |
| Florida document number L 13000107861  |  |
| 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 "L   | LC" 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)   | <u> </u>   |
|  | 5 A  |
| B. If amending the registered agent and/or registered office address on our recor  | rds, enter the name of the new                             |
|  | English Comments   |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   | # <b>48</b>  |
| Enter Florida street add   | ress   |
|  | Florida  |
| Ciry   | 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 provisions of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent as provided for in Chapter 60 being filed to merely reflect a change in the registered office address. I hereby confirm company has been notified in writing of this change. | and I am familiar with and 5, F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

| MGR = Ma $AMBR = Au$ | anager<br>uthorized Member | ·                                     |                                       |
|----------------------|----------------------------|---------------------------------------|---------------------------------------|
| <u>Title</u>         | Name                       | Address                               | Type of Action                        |
| AMBR                 | Dieloveson Apollon         | 18520 NW 67 Ave #131                  | <b>5</b> Add                          |
|                      |                            | Miami Lakes, FL 33015                 | □ Remove                              |
| 1.4.0.0              |                            |                                       | □ Change                              |
| AMBR                 | Derick Gramier             | 18520 NW 67 Ave #131                  | ■ Add                                 |
| ,                    | ·                          | Miami Lakes, FL 33015                 | □ Remove                              |
|                      | •                          |                                       | Change                                |
|                      |                            |                                       | □ Add                                 |
|                      |                            | · · · · · · · · · · · · · · · · · · · | Remove                                |
|                      |                            |                                       | Change                                |
|                      |                            | <del></del>                           | A A A A A A A A A A A A A A A A A A A |
|                      |                            | ;-<br>-                               | Remove                                |
|                      |                            |                                       | © Add                                 |
|                      |                            |                                       | Remove                                |
|                      |                            |                                       | Change                                |
|                      |                            |                                       |                                       |
|                      |                            |                                       | Remove                                |
|                      |                            |                                       | Change                                |

or removed from our records:

|  |              |               |              |              |  |              |                               |                        |             | <u> </u>                   |                            |
|--|--------------|---------------|--------------|--------------|--|--------------|-------------------------------|------------------------|-------------|----------------------------|----------------------------|
| <del></del> -                                      |              |               |              |              |  | <del>-</del> |                               |                        |             |                            | 1                          |
|  |              |               |              | <del></del>  |  |              |                               |                        |             |                            |                            |
| <del></del> .                                      |              |               |              |              |  |              |                               | <b></b>                |             |                            |                            |
|  |              |               |              |              |  |              |                               |                        |             |                            |                            |
|  |              |               |              |              |  |              |                               |                        |             | · <del>-</del> -           | ****                       |
|  | <del></del>  |               |              | <del>-</del> |  | <del>.</del> | <u>,</u>                      |                        |             |                            |                            |
|  |              |               |              |              |  |              |                               |                        |             | <del></del>                |                            |
|  |              |               |              |              |  |              |                               |                        |             |                            |                            |
|  |              |               |              |              |  |              | •                             |                        |             |                            |                            |
|  |              |               |              | ···          | ·· <del>-</del>                              |              |                               |                        | <del></del> |                            |                            |
|  |              |               |              |              | <u>.                                    </u> |              |                               |                        |             |                            | <del></del>                |
|  | <del></del>  |               |              |              | · · · · · · · · · · · · · · · · · · ·        |              |                               |                        | ····        |                            |                            |
|  |              |               |              |              |  |              |                               |                        |             |                            | <u>-</u>                   |
|  |              |               |              |              |  |              |                               |                        |             |                            |                            |
|  |              |               |              | _            |  |              |                               |                        |             |                            |                            |
|  |              |               |              | <del></del>  | <del></del>                                  |              | <u></u>                       |                        | <u> </u>    |                            |                            |
|  |              |               | <del></del>  |              | ·  | ·-··         | <del></del>                   |                        |             | 50,                        | 6                          |
|  |              |               |              |              | <u></u>                                      | <u>.</u>     |                               |                        |             | 1 m 2                      |                            |
|  |              |               |              |              |  |              |                               |                        |             | 200 E                      |                            |
| ective date  | , if other   | than the      | date of fil  | ing:         |  | 1            |                               | 20.1                   | (option     | al) 🚉                      | -                          |
| effective dat<br>te: If the da                     | ate inserted | l in this blo | ock does no  | t meet th    | ne applicat                                  | le statutor  | ng or more ii<br>y filing rec | ian 90 day<br>uirement | s after in  | ing.) Pursu<br>ate will no | ant to 1605.<br>ot beliste |
| ument's eff  | ective date  | on the De     | partment o   | f State's    | records.                                     |              |                               |                        |             |                            | 46                         |
| record sp  | ocifies a    | delayed       | effective    | e dete       | hut not                                      | an effec     | tive time                     | at 17                  | ·01 a r     | n on th                    | a aarlic                   |
| he 90th c  |              |               |              |              | DUC 1100                                     |              |                               | , at 12                | .01 8.1     | 11. OH UI                  | e earne                    |
| ٨  | ,            |               |              |              |  |              |                               |                        |             |                            |                            |
| ed Alias   | <u>ust</u>   | 12:           |              | _,           | 2016   | <b>-</b> •   |                               |                        |             | •                          |                            |
| ~ <del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</del> |              |               | e a comment  |              |  |              |                               | _                      |             |                            |                            |
|  |              |               |              |              |  |              |                               |                        |             |                            |                            |
| ed Aug   |              |               | Signature of | a membe      | er or author                                 | zed represe  | entative of a                 | member                 |             |                            |                            |

Page 3 of 3

Filing Fee: \$25.00