

L13000168750

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 27 2014

D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PTMD BY MAKA 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:

DORCAS TROCHE

Name of Person

RCG ACCOUNTING & ASSOCIATES INC.

Firm/Company

9000 SHERIDAN STREET SUITE 138

Address

PEMBROKE PINES, FL 33024

City/State and Zip Code

DTROCHE@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DORCAS TROCHE

Name of Person

at (954)

862-2222

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

STATE OF FLORIDA
TALLAHASSEE

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PTMD BY MAKAL 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 12/05/13 and assigned
Florida document number L13000168750.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

335 NE 59 TERRACE, STUDIO 4

MIAMI, FL 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	MITO COACHING FOR LIFE, LLC	10842 NW 80 CIRCLE PARKLAND, FL 33076	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BRUCIMATGO DESIGN LLC	10275 COLLINS AVENUE SUITE 634 BAL HARBOUR, FL 33154	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MARIA K SAMANEZ GRINSTEN	10275 COLLINS AVENUE #633 BAL HARBOUR, FL 33154	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CRICAYMAR INVESTMENTS	10275 COLLINS AVENUE #633 BAL HARBOUR, FL 33154	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARIA L VILLALOBOS ACOSTA	10275 COLLINS AVENUE SUITE 634 BAL HARBOUR, FL 33154	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ANITA STEENDAM	914 ORAPAX STREET UNIT D NORFOLK, VA 23507	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

PLEASE NAME AND ADDRESS FOR MGRM JEKAM, LLC TO:

914 ORAPAX STREET, UNIT D

NORFOLK, VA 23507

RECEIVED
CLERK OF STATE
TALLAHASSEE FLORIDA

2014 JAN 22 PM 12:41

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Dated JANUARY 6, 2014



Signature of a member or authorized representative of a member

MARIA L. VILLALOBOS ACOSTA

Typed or printed name of signee