## L1400000 04566

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MACADA TEbaldi, 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:	
Daniel Roduiguez Name of Person	
Firm/Company	
11353 SW 13+4 S+	
Prombroke Pines. 33025	g J minal
City/State and Zip Code  hercules poi vot 33 @ Ya hoo. Com  E-mail address: (to be used for future innual report notification)	
For further information concerning this matter, please call:	
For further information concerning this matter, please call:  Daniel Rodriguez  at (786 901 22 86 9)  Name of Person  Name of Person  Area Code  Daytime Telephone Number	
Enclosed is a check for the following amount:  \$25.00 Filing Fee \( \text{Certificate of Status} \)  \$25.00 Filing Fee \( \text{Certificate of Status} \)	
(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

MonadaTababitt

Macauai edaloi,ELC		
(Name of the Limited Liability Compa (A Florida Limited I	<u>ny as it now anpears on our records.</u> ) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000004566</u>	were filed on 01/09/2014 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	11353 sw 13th ST	
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines, Florida, 33025	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	11353 sw 13th ST Pembroke Pines, Florida, 33025	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address To To To Florida	
	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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing	g or more than 90 days after filing.) Pursuant to 605.02
ote: If the date inserted in this block does not meet the applicable statutory	y filing requirements, this date will not be listed
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effect	tive time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
September 1st 2016	
ated,	
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Typed or printed name of signee

Filing Fee: \$25.00