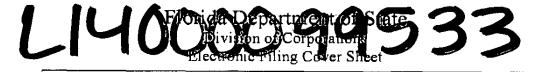
Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX, ACCOUNTING AND FINANCIAL EXPERTY

Account Number : 120120000058 Phone : (305)760-2011 Fax Number : (865)895-8710

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

_{≪l}Email Address:

epuka76@aoi.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MACABO LLC

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACABO LLC		
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	pears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	06/23/2014	and assigned
Florida document number L14000099533		
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liability company	<u>y here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the	he designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		17
(Principal office address MUST BE A STREET ADDRESS)		77
	<u> </u>	<u> </u>
		al Sim
Enter new mailing address, if applicable:		R
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	9
		ப் 👸 🔻
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter t	he name of the new
Name of New Registered Agent:		
New Registered Office Address:		
Enter i	Florida street address	
	, 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:

i.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIA C BONILLA	31 SE 5 ST # 1802	
		MIAMI, FL 33131	■ Remove
			□ Change
MGR	JUAN CARLOS GAVIRIA	31 SE 5 ST # 1802	Add
		MIAMI, FL 33131	Remove
			□ Change
			☐ Add
		1; A12.	□ Remove
		·	□ Change
			Add
			Change on
			D\$ and \$\frac{\partial \chi_{\text{D}}}{\text{C}} \tag{2.5}
			□ Remove
			☐ Change
		<u>√3</u>	Remove
			Change

	Si	gnature of a member or a	uthorfzeg representative of a member	34 9:	#(0)
Dated		1	Maria Clara Bonilla	APR 19	
	och day after the recor April 18th	2017	·	17 A	# .
the recor	rd specifies a delayed of Oth day after the recor	effective date, but	not an effective time, at 12:01 a.m.	on the earlier	of:
Note: If	tive date is listed, the date must he the date inserted in this bloc t's effective date on the Dep	k does not meet the app	rior to date of filing or more than 90 days after filing olicable statutory filing requirements, this date rds.	;) Pursuant to 605.02 will not be listed :	07 (3)(b as the
Effective	e date, if other than the d	ate of filing:	(optional)	1	
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