

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

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

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MACAN ENTERPRISES LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SEURETARY OF STATE TALLAHASSEE, FLORIDA OF

MACAN ENTERPHISES LLC		
(Name of the Limited Liabilii (A Florida	ty Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number L15000003180	company were filed on 01/07/2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi		ecords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	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

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MGR = Manager

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	MACAN GLOBAL FOUNDATION	P.H. Edificio Mossfon, Segundo Piso	Add
		Calle 54 Este, Ciudad de Panama, Republica de Pa	nama.
			□ Remove
			
			□ Add
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. If amending any other informa	tion, enter change(s) here: (Attach ada	litional sheets, if necessary.)
Effective date, if other than the (The effective date must be specific, cann the date this document is filed by the FI	ot be prior to date of receipt or filed date and cann	(optional) of be more than 90 days after
Dated February 18	2015	
Lina	nulligan	
- Worldwide Manae	Signature of a member of authorized representation in the second semant LLC, by: Gina Mulligan Att	
vvoiluwide ivialiag	Typed or printed name of signer	

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