

LL5 0000 14300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
20 NOV 16 PM 8:58  
VIRGINIA CORPORATIONS

*Amend*

APR 29 2020

D CUSHING

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MAC 3500 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 MARZANO, ESQ.

\_\_\_\_\_  
Name of Person

COSCULLUELA & MARZANO, P.A.

\_\_\_\_\_  
Firm/Company

14261 COMMERCE WAY, SUITE 205

\_\_\_\_\_  
Address

MIAMI LAKES, FLORIDA 33016

\_\_\_\_\_  
City/State and Zip Code

DMARZANO@CMPALAW.COM

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

For further information concerning this matter, please call:

DANIEL MARZANO

305

817-2170

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
20 APR 16 4:18:58  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

FILED  
CLERK OF CIRCUIT COURT  
20 APR 16 PM 8:58  
JUDICIAL CIRCUIT IN AND FOR  
THE STATE OF FLORIDA

MAC 3500 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 1/23/2015 and assigned  
Florida document number L15000014300.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13201 MUSTANG TRAIL

SOUTHWEST RANCHES, FLORIDA 33330

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13201 MUSTANG TRAIL

SOUTHWEST RANCHES, FLORIDA 33330

**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*

\_\_\_\_\_, 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RODOLFO ALVAREZ	13201 MUSTANG TRAIL	<input checked="" type="checkbox"/> Add
		SOUTHWEST RANCHES, FLORIDA 33330	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAVID ALVAREZ	13201 MUSTANG TRAIL	<input type="checkbox"/> Add
		SOUTHWEST RANCHES, FLORIDA 33330	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

RIL 20 \_\_\_\_\_ 2020 \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**