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(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

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COVER LETTER

TO: Registration Se Division of Con	ection rporations		
SUBJECT:	MacTeo Pants, LLC Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are submitted for filing.		
Please return all correspo	ondence concerning this matter to the following:		
	JONATHAN WAlder Name of Person		
	TRACTION PARTS Firm/Company		
	19900 E Courtey Club Dr. Ap730?	201 SE ALI	
	AVANTURA FL 33170 City/State and Zip Code	2015 JUL 24 SECRETARY (SECRETARY (NAME OF THE OWNER, THE
For further information co	E-mail address: (to be used for future annual report notification) oncerning this matter, please call:	P SI 10	Ö
Sonath Name of	FPerson at (305) 4149205 Area Code Daytime Telephone	Number	
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed)	0.00 Filing Fee, certificate of Sta certified Copy dditional copy is er	itus &

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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our	records.)		
The Articles of Organization for this Limited Liability Company Florida document number 15000 41644	0/	26/2015 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:	1151 NW	159 th Drive		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL	33164 €		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		Cords, enter the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street	address		
	, Florida			
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Echeverain, Eduardo	19900 E Courtey Club D	APT3 08 n. □ Add
		Aventura, FL33180	Remove
			Change
MGR	MARGARITA SAITI	19900 E COUNTRY Club DR	Ap7 1011
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	ord specifies a dela 90th day after the		e, but not	an effective	time, at 12	:01 a.m	. on tr	ie earlier	r 01
ated _	07/21/1	5		<u>.</u> •					
		Signature of a me	Walla wher or author	zed representativ	e of a member	·		· 	
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Page 3 of 3

Filing Fee: \$25.00