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SECRETARY OF STATE
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COVER LETTER

SUBJECT: MAC	SEMORAN, LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ondence concerning this matter t	to the following:	
	Louis A. Sousa, Esq.		
		Name of Person	
	Lisa & Sousa, Ltd.		
		Firm/Company	·
	5 Benefit Street		
		Address	
	Providence, RI 02904		
	-	City/State and Zip Code	
	n/a		
		to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
Diane R. Protano		401 274-0600 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section : Division of Corporations

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

MAC SEMO	RAN, LLC		
	Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for Including the Including		y were filed on September 16, 2015	and assigned
This amendment is submitted t	o amend the following:		
A. If amending name, enter	the new name of the limited lia	bility company here:	
The new name must be distinguishal	ele and contain the words "Limited Liab	oility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices a	ddress, if applicable:		
(Principal office address MUS	ST BE A STREET ADDRESS)		
Enter new mailing address, i	f applicable:		
(Mailing address MAY BE A	POST OFFICE BOX)		
	ered agent and/or registered office address he	office address on our records, <u>en</u> ere:	ter the name of the new
	· · · · · ·		15 OC ECRE
Name of New Regist	ered Agent:		SE N mercon
New Registered Offi	ce Address:		SEX 3
		Enter Florida street address Florida	SF SI
		City	Zip Code
N D 14 11 01			> ` '

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>	Address	Type of Action
MGR	Carlos Ribeiro	2660 South Ocean Boulevard	
		Unit #706S	☐ Remove
		Palm Beach, FL 33480	Change
MGR	Diane Cavallo	2660 South Ocean Boulevard	
		Unit #706S	☐ Remove
		Palm Beach, FL 33480	_□ Change
MGR	Michael Cavallo	2660 South Ocean Boulevard	■ Add
MGR Tanya		Unit #706S	□ Remove
		Palm Beach, FL 33480	Change
	Tanya DaCosta	2660 South Ocean Boulevard	15 0 SECTION
		Unit #706S	ASSI Remove
		Palm Beach, FL 33480	To a in
MGR	Christopher DaCosta	2660 South Ocean Boulevard	RECT S Add
		Unit #706S	☐ Remove
		Palm Beach, FL 33480	☐ Change
MGR	Lindsey DiPietro	2660 South Ocean Boulevard	
		Unit #706S	☐ Remove
		Palm Beach, FL 33480	_ ☐ Change

(continued)

TITLE NAME ADDRESS ACTION

MGR Alexander DiPietro 2660 South Ocean Boulevard Unit #706S
Palm Beach, FL 33480

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Sective date, if other than the an effective date is listed, the date mus	e date of filing:	(optional) of filing or more than 90 days after filing.) Pur	suant to 605.0:
ote: If the date inserted in this blocument's effective date on the D	lock does not meet the applicable sta	atutory filing requirements, this date will	notibe listed
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record specifies a delayer	d effective date, but not an e	effective time, at 12:01 a.m. once	Searler
The 90th day after the rec	ord is filed.	anceave aine, at 12.01 aini, Unit. المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة الم	10 3
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***	Signature of a member or authorized re	hadl	

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Filing Fee: \$25.00