## L15000157965

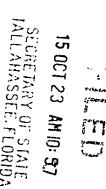
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: MAC	EUSTIS, LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Louis A. Sousa, Esq.		
		Name of Person	
	Lisa & Sousa, Ltd.		
		Firm/Company	
	5 Benefit Street		
	<del></del>	Address	
	Providence, RI 02904		
	n/a	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	•	,
Diane R. Protano		401 274-0600 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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 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 EUSTIS, LLC	<u></u>
(Name of the Limited Liability Company as i (A Florida Limited Liability	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were Florida document numberL15000157965	
ribilda document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	company here:
The new name must be distinguishable and contain the words "Limited Liability Con	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<u> </u>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter the name of the ne
	City Zin Costa
New Registered Agent's Signature, if changing Registered Agent:	<b>≯</b>

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>	Name	Address	Type of Action
MGR	Carlos Ribeiro	2660 South Ocean Boulevard	<b>=</b> Add
		Unit #706S	□ Remove
		Palm Beach, FL 33480	
MGR	Diane Cavallo	2660 South Ocean Boulevard	■ Add
		Unit #706S	☐ Remove
		Palm Beach, FL 33480	☐ Change
MGR	Michael Cavallo	2660 South Ocean Boulevard	Add
····		Unit #706S	☐ Remove
		Palm Beach, FL 33480	□ Change
MGR	Tanya DaCosta	2660 South Ocean Boulevard	■ Add
		Unit #706S	SECTREMENTS
		Palm Beach, FL 33480	ETA CT 2
MGR	Christopher DaCosta	2660 South Ocean Boulevard	CO A III
		Unit #706S	RID A Remove
		Palm Beach, FL 33480	☐ Change
MGR	Lindsey DiPietro	2660 South Ocean Boulevard	<b>≅</b> Add
. —		Unit #706S	□ Remove
		Palm Beach, FL 33480	☐ Change

(continued)

TITLE	NAME	<u>ADDRESS</u>	<u>ACTION</u>
MGR	Alexander DiPietro	2660 South Ocean Boulevard Unit #706S Palm Beach, FL, 33480	Add

15 OCT 23 AM IO: 57
SECRETARY OF STATE

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ctive date, if other than the	date of filing:	(or	otional)
<u>e:</u> If the date inserted in this bl	ock does not meet the applicable	statutory filing requirements,	this date will not be listed
ument's effective date on the D	epartment of State's records.		Ās
			(F) <b>15</b>
	d effective date, but not an	effective time, at 12:0	1 a.m. on ∰eea∰e
he 90th day after the rec	ora is meu.		723 188 188
, October 23	2015		<u>.</u> m-<
ed	,		AM 10: 5; Of Siai E. Florii
	And O	, , ,,,	D: E
<u> </u>	Signature of a member or authorized	representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00