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J SHIVERS

COVER LETTER

TO: Registration of Division of	on Section , F Corporations
SUBJECT:	MAC APOPKA, LLC
	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter 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
	E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
Diane R. Protano	401 274-0600 at ()
N	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing F	ee

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAC APOPKA, LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabi	is it now appears on our records.) Ility Company)	
The Articles of Organization for this Limited Liability Company we	re filed on September 16, 2015	and assigned
Florida document number <u>L15000158049</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability (Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
_		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		
D. If any and in the maintained areast and for maintained affici		the name of the na
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e audress on our records, enter	≥ ∽
Name of New Registered Agent:		
Traine of the wineglatered rigging.		SS 7
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address	
	, Florida	S 0. C
	City	_ip coα
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

Title	<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	∃ Add
		Unit #706S	☐ Remove
		Palm Beach, FL 33480	☐ Change
MGR	Michael Cavallo	2660 South Ocean Boulevard	
		Unit #706S	☐ Remove
MGR Christo		Palm Beach, FL 33480	☐ Change
	Tanya DaCosta	2660 South Ocean Boulevard	₽ Add
		Unit #706S	15 0 ECR
		Palm Beach, FL 33480	HASSELLO Change
	Christopher DaCosta	2660 South Ocean Boulevard	F S Add
		Unit #706S	□ Remove
		Palm Beach, FL 33480	□ Change
	Lindsey DiPietro	2660 South Ocean Boulevard	■ Add
		Unit #706S	□ Remove
		Palm Beach, FL 33480	Change

(continued)

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

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SECRETARY OF STATE

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ective date, if other than the effective date is listed, the date m	ie date of filing: ust be specific and canno	nt be prior to date of	filing or more than 90	(optional)) Pursuant to 605	.0203
te: If the date inserted in this	block does not meet t	he applicable stati	tory filing requiren	nents, this date	will not be liste	ed as
cument's effective date on the	Department of State's	s records.				
					· ,	
record specifies a delay	ed effective date,	but not an ef	ective time, at	12:01 a.m.		
he 90th day after the re	coru is illea.				_ O	l
October 23	20	15			AHA.	
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	<i>/</i>) , .		1 1			110

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Typed or printed name of signee

Filing Fee: \$25.00