

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

\*\*Enter the email address for this business entity to be used for future  $\, \, \omega$ annual report mailings. Enter only one email address please.\*\*

Jan f

: (305)933-9393

Info C

MAJASTE, LLC

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Certificate of Status	0
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RECENT

07/18/2023 10:18		(FAX)	P.002/004	
. <b>•</b>	ARTICLES OF AMENDMEN TO	T.	H23000 250 4143	
A	ARTICLES OF ORGANIZATI	ION		
7	OF	t.		
MAJASTE, LLC				
( <u>Name of the</u>	e Limited Liability Company as it now appears ( (A Floride Limited Liability Company)	on our record	1.)	
The Articles of Organization for this Limi Florida document number <u>L15000164</u>	ited Liability Company were filed on <u>09/2</u> 131	28/2015	and assigned	
This amendment is submitted to amend th				
	me of the limited liability company here	<b>.</b> .		
6 ) <u></u>		£*		
The new name must be distinguishable and end wi	ith the words "Limited Liability Company," the de-	signation "LL(	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if a	opplicable:		·····	
(Principal office address MUST BE A ST	TREET ADDRESS)		022	
			'- <u>-</u>	
Enter new mailing address, if applicable	e:		-0	
(Mailing address MAY BE A POST OFF	<u> </u>	<b></b>		
	······································			
B. If amending the registered agent registered agent and/or the new register	and/or registered office address on o ed office address here:	ur records	, enter the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida	street address	<u> </u>	
	Florida			
	City		Zip Code	
New Registered Agent's Signature, if chang				
I hereby accept the appointment as regis	stered agent and agree to act in this con	acity I fur	ther agree to comply with the	

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

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07/18/2023 10:18

P.003/004 ۲۱۱٦ مولي مودر ۲۱۱ If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

## MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	ALN GROUP, LLC	20200 W. DIXIE HWY	🗆 Add
		1203	Remove
		AVENTURA, FL 33180	
MGR	Karina B. Pacheco	2875 NE 191ST STREE	
		SUITE 801	C Remove
		AVENTURA, FL 33180	
			🗆 Add
			Remove
			_D Add
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07/18/2023	10:19		(FAX)	P.004/004
D. If amendia	ng any other informat	tion, enter change(s) here: (Attach o	additional sheets, if necessar	P.004/004 720 000 2 20 4113 (x)
<del></del>				
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<b>~</b>	· · · · · · · · · · · · · · · · · · ·		·····	
E. Effective d	ate, if other than the	date of filing:	(optional)	
the date this	date must be specific, canne document is filed by the Flo	ot be prior to date of receipt or filed date and ci rida Department of State)	annot be more than 90 days after	
Dated Ju		2023		
		HPA A		
-		Signature of a member or authorized represer	ntative of a member	
<u> </u>	Karina B. Pac	heco		
		Typed or printed name of sign	nee	

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