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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

TO:	Registration Sec Division of Corp			
		nodeling and Real Estate LLC		
SUBJE	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Carlos C. Roca Costa		
			Name of Person	
		MACA Flooring LLC		
			Firm/Company	
		14010 Harrison St		
			Address	· · · · · · · · · · · · · · · · · · ·
		Miami, FL 33176		
		<u> </u>	City/State and Zip Code	
		macalic@icloud.com		
		E-mail address: (to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please co	all:	
Carlos	s C. Roca Costa		786 600-5638	
	Name of	Person		Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$ 2:	5.00 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 ORGANIZATION OF

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) ipany)
The Articles of Organization for this Limited Liability Company were filed Florida document number	on March 23, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
MACA Flooring LLC	
The new name must be distinguishable and contain the words "Limited Liability Company	"," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	9 H
Enter new mailing address, if applicable:	E George
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent: New Registered Office Address:	ess on our records, enter the name of the
E	nter Florida street address . Florida
	, rionda

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

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 	V448 VW-	

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AP	Maylin Alvarez		
		14010 Harrison St., Miami, FL 33176	■ Remove
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Filing Fee: \$25.00