## 16000062772

| (Re  | equestor's Name)   |                 |
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| (Cit   | y/State/Zip/Phone  | <del>;</del> #) |
| (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer: |                    |                 |
| (Bu  | isiness Entity Nan | ne)             |
| (Do  | ocument Number)    |                 |
| Certified Copies   | _ Certificates     | of Status       |
| Special Instructions to  | Filing Officer:    |                 |
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## **COVER LETTER**

| TO:         | Registration Sec<br>Division of Corp |  | <i>;</i>  |  |
|-------------|--------------------------------------|--|---|--|
| CHIO        | MAABA H                              | oldings LLC                                  |   |  |
| SUBJ        | IECT:                                | Name of Lim                                  | ited Liability Company  |  |
| The e       | nclosed Articles of                  | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please      | e return all correspon               | ndence concerning this matter                | to the following:   |  |
|             |                                      | Ileana Berenstein                            |   |  |
|             |                                      |  | Name of Person  |  |
|             |                                      |  | Firm/Company  |  |
|             |                                      | 3456 Shady Oak Street                        |   |  |
|             |                                      |  | Address   |  |
|             |                                      | Ft Lauderdale, FL 33312                      |   |  |
|             |                                      |  | City/State and Zip Code   |  |
|             |                                      | ileanaberenstein@gmail.com                   | m to be used for future annual report notifi                        | ication)   |
| For fu      | urther information co                | oncerning this matter, please ca             | ·   |  |
| Ilean       | a Berenstein                         |  | 954 662-6664<br>at ()   |  |
|             | Name of                              | `Person                                      | Area Code Daytime   | Telephone Number   |
| Enclo       | sed is a check for th                | e following amount:                          |   |  |
| <b>=</b> \$ | 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:

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

| MAABA Holdings LLC  |  |                              |
|---|--|------------------------------|
| ( <u>Name of the Limited Liability Co</u><br>(A Florida Limi  | mpany as it now appears on our records<br>ted Liability Company) | <u>)</u>                     |
| The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{L16000062772}{L16000062772}$ . | any were filed on 3/28/16  | and assigned                 |
| This amendment is submitted to amend the following:   |  |                              |
| A. If amending name, enter the new name of the limited  | liability company here:  |                              |
| The new name must be distinguishable and contain the words "Limited L   | 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  | <u> </u>   |                              |
| Enter new mailing address, if applicable:   |  | A: <b>6</b>                  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | <u> </u>                     |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address             | d office address on our records                                  | , enter the name of the nev  |
| registered agent and/or the new registered office address   | <u>nere</u> :  |                              |
| Name of New Registered Agent:   |  | ·                            |
| New Registered Office Address:  | Enter Florida street address                                     | 3                            |
|   | Fla  | orida                        |
|   | City   | Zin Code                     |

## 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          | PMG Asset Services LLC | 4651 Sheridan St        | □ Add            |
|              |                        | Hollywood, FL 33021     | ■ Remove         |
|              |                        |                         | Change           |
| MGR          | Ileana Berenstein      | 3456 Shady Oak Street   | <b>∃</b> Add     |
|              |                        | Ft Lauderdale, Fl 33312 | Remove           |
|              |                        |                         | Change           |
|              |                        |                         | Add              |
|              |                        |                         | Remove           |
|              |                        |                         | ☐ Change         |
| n            |                        |                         | Add  Add  Repare |
|              |                        |                         | SS & Change      |
|              |                        |                         | FLORIDA CO       |
|              |                        | <u> </u>                | ☐ Remove         |
|              |                        |                         | Change           |
|              |                        |                         |                  |
|              |                        |                         | Remove           |
|              |                        |                         | Change           |

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| ffecti | we date, if other than the date of filing: Quy Quite of filing or more than 90 days after filing )   | ₹ <u>₹</u>  | ָּ<br>בּי       |
| an on  | core dute is noted, the dute must be specific and earner be prior was dute or ming or more main to days after ming.  | Tursuant to | <b>6</b> 05.020 |
|        | If the date inserted in this block does not meet the applicable statutory filing requirements, this date went's effective date on the Department of State's records. | ill not be  | listed a        |
| ocum   | the seriective date on the Department of State's records.  |             |                 |
|        |  |             |                 |
|        | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or  | n the ea    | arlier          |
| rne    | 90th day after the record is filed.  |             |                 |
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| ated   | 10-21-16   |             |                 |
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|        |  |             |                 |
|        |  |             | _               |
|        | Signature of a member or authorized representative of a member   |             |                 |

Page 3 of 3

Filing Fee: \$25.00