

L16000165503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

MAKARIOS HOLY LAND LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TONY MAKARI

Name of Person

MAKARIOS HOLY LAND LLC

Firm/Company

1316 LAKE LUCERNE WAY APT 303

Address

BRANDON ,FL,33511

City/State and Zip Code

TM@MAKARIOSHOLYLAND.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TONY MAKARI

813 9924313

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

TO
ARTICLES OF ORGANIZATION
OF

MAKARIOS HOLY LAND LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on OCTOBER 26-2016 and assigned
ment number L16000165503
it is submitted to amend the following:

name, enter the new name of the limited liability company here:
distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

offices address, if applicable:

ss MUST BE A STREET ADDRESS)

s, if applicable:

4 POST OFFICE BOX)

ed agent and/or registered office address on our records, enter the name of the new
y registered office address here:

Agent:

ress:

Enter Florida street address
City _____, Florida _____
Zip Code _____

ing Registered Agent:

tered agent and agree to act in this capacity. I further agree to comply with the
proper and complete performance of my duties, and I am familiar with and
gistered agent as provided for in Chapter 605, F.S. Or, if this document is
registered office address, I hereby confirm that the limited liability
change.

If Changing Registered Agent, Signature of New Registered Agent

TO
ARTICLES OF ORGANIZATION
OF

MAKARIOS HOLY LAND LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 26-2016 and assigned Florida document number L16000165503

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TONY MAKARI	1316 LAKE LUCERNE WAY APF	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change

ED
OCT 31 PM 2:07
OFFICE OF THE
SOLICITOR GENERAL
TALLAHASSEE, FLORIDA

16 OCT 31 PM 2:07
STATE DEPT. OF STATE
TALLAHASSEE, FLORIDA

FILED

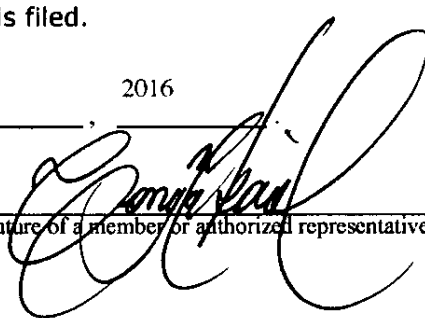
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

OCTOBER -26 2016
Dated _____



Signature of a member or authorized representative of a member

TONY MAKARI

Typed or printed name of signee