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SECRETARY OF STATE
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COVER LETTER

Division of Co			
SUBJECT:	MAKK GAOU Name of Lim	PUC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	/	KENNETH REIS	55
		Name of Person	
	MAI	KK GROUP L	LC
		Firm/Company	
	930	WOODBRIDGE Address	CT.
		Address	
	SAFETY	City/State and Zip Code 1552@TAMA to be used for future annual re	34695
	1/1-	City/State and Zip Code	14044 00 6
	E-mail address: (to be used for future annual re	port notification)
For further information of	concerning this matter, please co	all:	
KEN	NETH REISS	at (_ 717)	858-1165
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:		COURIER ADDRESS:
	ration Section on of Corporations	Registration Division of	n Section Corporations
	ox 6327 assee, FL 32314	Clifton Bui	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MAKK GROUP 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 November 16, 20	<u>016</u> a	ınd as:	signed	
Florida document number <u>L 16000210083</u>				
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 ab	breviat	tion "L	.IC."	
Enter new principal offices address, if applicable:	<u> </u>			
(Principal office address MUST BE A STREET ADDRESS)	<u>- E</u>	8 0	7.00	_
	دس <u>محر</u> سا	<u>C</u>	11	!
	7.0 Y	0		
Enter new mailing address, if applicable:	<u>:</u> :::	P	; [] -{=} -	·.
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u>~</u>		<u>·</u> ;
	2:5	ယ		
B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here:	the n	<u>iame</u>	of the	: nev
Name of New Registered Agent:	•			
New Registered Office Address:				
Enter Florida street address				
. Florida		Code		
New Registered Agent's Signature, if changing Registered Agent:	Zф) Code		

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>	<u>Address</u>	Type of Action
MGR	DOROTHY REISS	10015 BURBANK CT. NEW PORT FL 34654	RICHEY, MAdd
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ffectiv	e date, if other than t	he date of fili	ng:			(optional)	(35.0	
<u>iote:</u> If	tive date is listed, the date in this fithe date inserted in this it's effective date on the	s block does not	meet the appli	cable statutory	or more than 90 day filing requirement	s after filing.) Pursua s, this date will no	nt to 605.0 it be listed	d as
ocumei	it is critetive date on the	. Department of	State 3 record	3.				
	ord specifies a delay Ooth day after the r			ot an effectiv	ve time, at 12	:01 a.m. on the	e earlier	r of
THE S	-							
	DECEMBER	5	. 2018	<u> </u>				
Dated _	- SEMBER							
Dated _	DECEMBER	Henry	Phi					

Page 3 of 3

Filing Fee: \$25.00