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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Division of C	Section Corporations			
SUBJECT:	MACADAMIA Name of Lin	111		
SOBJECT.	Name of Lin	tited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	MATIAS	MONPSTIRSKY Name of Person		
		Name of Person		
	MMM A	1ANAGEMENT 60 Firm/Company	CONPILE	
	<u> 323 </u>	2151 AVENUE Address	SIE C	
	/tanyuc	City/State and Zip Code	3020_	
	MATIAS (a	METACLOWNING to be used for future annual report noti	fication)	
			nearkity	
	n concerning this matter, please c		`,	()
MATIAS	MONASTIRSKY	at (<u>9394)</u> <u>505 –</u> Area Code Daytim	3219	•
Nam	e of Person	Area Code Daytim	e Telephone Number	•
Enclosed is a check fo	r the following amount:		اب.	. :
≯ \$25.00 Filing Fee	-	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee. — Certificate of Status & Certified Copy (additional copy is enclosed)	Ĵ
<u>Mailing Add</u> Registratio Division of		<u>Street Address:</u> Registration Se Division of Cor		

The Centre of Taflahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACADAMIA	W
(<u>Name of the Limited Liat</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>[17000001846</u>	Company were filed on 1/3/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the ii	mited liability company here:
The new name must be distinguishable and contain the words "I.	imited 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 ADI	DRESS)
	C
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	1
B. If amending the registered agent and/or register	red office address on our records, enter the name of the new registere
agent and/or the new registered office address here	:: 20
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 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
116R	JW MANAGEMENT VENTURE	uc 345 NE 19474 LANE	🗆 Add
		MIAMI PLOLIDA 33179	≲ Remove
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effective date is lister: If the date inse	her than the date of ed, the date must be specif erted in this block does date on the Departmen	ic and cannot be prior to not meet the applicab	date of filing or more than le statutory filing requi	(optional) 190 days after filing.) Pur rements, this date wil	irsuant to 605.01 If not be listed
			> at 12:01 a.m. on the a	earlier of: (b) The 9	0th day after tl

Filing Fee: \$25.00