## 117000012373

Office Use Only



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01/30/17--01015--004 \*\*25.00



D. SCOTT FEB 1 2017

### **COVER LETTER**

	Registration Sec Division of Corp				
SUBJEC	MACEFRA,	LLC			
SUBJEC		Name of Lim	ited Liability Company		
The enclo	osed Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please ret	turn all correspon	dence concerning this matter	to the following:		
		Leon F. Hirzel			
			Name of Person	<u>.</u>	
		Hirzel, Dreyfuss, & Demps	sey, PLLC		
			Firm/Company	-	
	2333 Brickell Ave Suite A-1				
			Address		
		Miami, FL 33129			
			City/State and Zip Code		
		Hirzel@HDDLawFirm.com			
			to be used for future annual report notif	cation)	
For further	er information co	ncerning this matter, please ca	all:		
Leon F. I			305 615-1617 at ()	Telephone Number	
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for the	e following amount:		30 [	$\Pi$
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status-& Certified Copy (additional copy is enclosed)	Ö

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

MACEFRA, LLC				
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Diability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L17000012373	were filed on 1/17/2017 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1939 Thetford Cir.,			
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL			
	32824			
Enter new mailing address, if applicable:	1939 Thetford Cir.,			
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL			
	32824			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address			
	, Florida 50			
	Cin. Tin CZła			

#### 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	Franklin Brito	1939 Thetford Cir.	<b>■</b> Add
		Orlando, FL 32824	□ Remove
		\ <u>\</u>	Change
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effective date is listed, the date: If the date inserted in t					
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record specifies a de		te, but not an	effective time, a	t 12:01 a.m. on-t	he, ea <u>rt</u> jer
he 90th day after the	e record is filed.			AL-C	
January 24		2017		,	JM 30
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Typed or printed name of signee

Filing Fee: \$25.00