# 47000050693

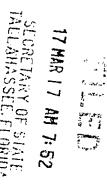
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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT:	MAKIRY GROU	P LLC		
SUBJECT:	Name of Limit	ed Liability Compan	у	
	mendment and fee(s) are subn	_		
riease return an correspon	dence concerning this matter to	s Muno 2	ļ	
	ZASZ A	Name of Person		
	P.O. BOX	Firm/Compan	y	<del> </del>
	SARASOHA	Address		
e to some	CORP @ SU	City/State and Zip  N - TAXES  be used for future a	COM	
For further information co	ncerning this matter, please cal	11:		
Jesus r	NUNOZ	at ( 941	) 217 -4	1241 e Telephone Number
Name of	Person	Area Code	e Daytimo	e Telephone Number
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Co (additional copy	ру	□ \$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**

MAKIRY GROUP LLC

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

(A Florida Limited Liability Company)

(A Florida Limited L	nability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1700050693</u>	were filed on 03/03/2017 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability Liability Contains the words "Limited Liability Contains the words "Liability Contains t	ity 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)	
	<i>≥x</i> =
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	30 To 10 To
Induing quiress may be a rost of fice box)	SS 7 James
	in the second second
B. If amending the registered agent and/or registered of	fice 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
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Chan	ging 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	JUAN CARRANZA	Z779 JAY PL	
		SARASOTA, FL 34235	Remove
			Change
MGR	JUAN CARRAZANA	2779 JAY PL	<b>∡</b> Add
		SARASOTA, FL 34235	□ Remove
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Filing Fee: \$25.00