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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CM INEST	MEANTS, LLC		
SOBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Chavist S. Mack Sr		
		Name of Person	
	CM INESTMEANTS, LL	c	
	Name of Limited Liability Company seed Articles of Amendment and fee(s) are submitted for filing. urn all correspondence concerning this matter to the following: Chavist S. Mack Sr Name of Person CM INESTMEANTS, LLC Firm/Company 3917 Brookdale Ct Address Jacksonville, Fl 32277 City/State and Zip Code mackworld1@yahoo.com E-mail address: (to be used for future annual report notification) or information concerning this matter, please call: Mack Sr 904 Area Code Daytine Telephone Number is a check for the following amount:		
	3917 Brookdale Ct		
		Address	
	Jacksonville, Fl 32277		
		City/State and Zip Code	
		_	
	E-mail address: (to be used for future annual report n	otification)
For further information c	oncerning this matter, please e	all:	
Chavist . Mack Sr			
Name o	f Person		time Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres		Street Address:	
Registration S Division of C		Registration S Division of C	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L17000202729	were filed on 11/30/2017 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:
Macksville Solutions, Limited Liability Company	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3917 Brookdale Ct Jacksonville, FL 32277
(Principal office address MUST BE A STREET ADDRESS)	
	Po Box 11642 Jacksonville, FL 322397
Enter new mailing address, if applicable:	Po Box 11642 Jacksonville, FL 32239r
	Po Box 11642 Jacksonville, FL 322397
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Po Box 11642 Jacksonville, PL 322397
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a	TO BOX 11042 Jackson vine, PE 32239
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new register
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	TO BOX 11042 Jackson vine, PE 32239
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new register

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
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		 	□Remove
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Hective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be lote: If the date inserted in this block does not meet the ap					
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record specifies a delayed effective date, but not an effecti	ive time, at 12	:01 a.m. on the ea	rlier of: (b) Th	ie 90th day	y after the
d is filed.					
NOVEMBER 14 2020					
Dated	- /	79			
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Typed or printed name of signee