117000214835

	Requestor's Name)
	Address)
(.	Address)
, 	City/State/Zip/Phone #)
,	Only/Otato/Zip/i Holic #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:





700304903157

10/26/17--01083--005 **55.00

17 CCT 24 AM 8: 49

OCT 27 2017
Y SULKER

COVER LETTER

	gistration Sec rision of Corp				
SUBJECT:		sting Services LLC			
		Name of Limit	ed Liability Company		-
The enclosed	d Articles of a	Amendment and fee(s) are subn	nitted for filing.		
Please return	n all correspor	ndence concerning this matter to	o the following:		
		Gary J. Adkison			
			Name of Person		_
		Mako Adjusting Services L	LC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	.	_
		7515 NW 44th Terrace			
			Address		_
		Coconut Creek, FL 333073			
			City/State and Zip Code		_
		info@sharkventures.com			_
		E-mail address: (to	o be used for future annual re	eport notification)	
For further i	nformation co	oncerning this matter, please ca	II:		
Gary J. Adl	kison			4-8918	
	Name of	Person	Area Code	Daytime Telephone Numb	ber
Enclosed is	a check for th	e following amount:			
S25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enck	Certifi osed) Certifi	Filing Fee, icate of Status & ied Copy on al 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

Mako Adjusting Services LLC		
(<u>Name of the Limited Liabili</u> (A Florid:	ty Company as it now appears on our records.) a Limited Liability Company)	
he Articles of Organization for this Limited Liability Clorida document number <u>L17000214835</u>	Company were filed on	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the lim	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office a <u>ddress MUST BE A STREET ADDI</u>	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		-74 -74
3. If amending the registered agent and/or regis	stered office address on our records, lress here:	:
Name of New Registered Agent:		8: 49
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida Zip Code
	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 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
AMBR	Brenda L. Ponton Adkison	7515 NW 44th Terrace, Coconut Creek, FL 33073	= Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			Add
			Remove
		 	_□ Ĉĥange
			_ ⊡ Add
		<u> </u>	eş _EFRemove _ S
			_□ Change
			🗖 Add
			_ Remove
			□ Change
			_□ Add
			_□ Remove
			_□ Change

			•	-		•	
	•						
					·	-	
							
							····
							
					_ 		
-	_ -			-···	•		
					·		
	·- -						
			·				35
							Tub.
							6
					*		22
			10-17-201	7		•	ċό
ective date	, if other than tl e is listed, the date m	ie date of fili				_(optional)?	
<u>te:</u> If the da	te inserted in this lective date on the	block does not	meet the applic	cable statutory	filing requireme	nts, this date wi	Il not be listed
	ecifies a delaye lay after the re			ot an effecti	ive time, at 17	2:01 a.m. on	the earlier
ed	10-17		2017	 ·			
4	3-JAL	¢			tative of a member		
U		Signature of	a member or auth	orized represen	tative of a member		

Page 3 of 3

Filing Fee: \$25.00