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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MA-DEROS DESIGN, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
GLENDA VORONKO  Name of Person	
MADEROS DESIGN, LLC	
11081 S.W. 236 TERRACE	
HOHESTEAD FL 33032.	-
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
SLENDA VORONKO at 305 305 - 0309  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status  □ \$55.00 Filing Fee Certified Copy (additional copy is enclosed)  □ \$55.00 Filing Fee Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MADEROS	DES	10N ,	LLC	
(Name of the Limited	<u>Liability Compan</u> Florida Limited Li	iy as it now ap	<u>pears on our re</u>	ecords.)
The Articles of Organization for this Limited Liab	ility Company v	were filed on	10/2	7/201:7 and assigned
This amendment is submitted to amend the follow				
A. If amending name, enter the new name of th	e limited liabil	lity compan	v here:	
The new name must be distinguishable and contain the word	ls "Limited Liabilit	ty Company," t	he designation '	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET)	ADDRESS)			
Enter new mailing address, if applicable:			,	
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			
B. If amending the registered agent and/or regi agent and/or the new registered office address h		ddress on ou	ır records, <u>eı</u>	nter the name of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
		Enter	Florida street ad	ddress
-		City	<del></del>	, 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 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
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<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	EDVARDS J. VORONKO	HOMESTEAD, FL 3303	<b>&amp;</b> Add Z
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			_ 🗆 Remove
			_ Change
			_ 🗆 Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,
Note: If	date, if other than the date of filing:  (optional)  ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to's effective date on the Department of State's records.
record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10/26/2023
	1 June Dear
	Signature of a member or authorized representative of a member
	TienDA VORONKO

Filing Fee: \$25.00