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(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

TO: Registration Se Division of Cor				
MACOJU I	LC			
SUBJECT:				
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JUAN PABLO VERDIQU	Ю		
		Name of Person		
	MACOJU LLC		S. S.	
		Firm/Company	n m	
	7101 N. MIAMI AVE., ST	E. 103	SUZAFEB 27	
		Address	() T	
	MIAMI, FL, 33150		$oldsymbol{arphi}_{ij}$	
	CARCOLLECTOR76@GN	City/State and Zip Code 1A1L.COM		
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
JUAN PABLO LOPEZ		5492344 400216		
 		at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	otion	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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street address	
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	gnation "L.L.C" or the abbreviation "L.L.C property of the new restricted and the new rest

New Registered Agent's Signature, if changing Registered Agent:

MACOURTIC

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	JUAN PABLO VERDIQUIO	18555 COLLINS AVE 1205, SUNNY ISLIE BEACH, 33160	
			□Add
			= Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd 23 FF Emove
			Remove
			Change
			□ □Remove
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		- 	□Add
			□Remove
		□Change	
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. FEBRUARY 22 Dated ____ Signature of a member or authorized representative of a member JUAN PABLO VERDIQUIO

Typed or printed name of signee