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SECRETARY OF STATE

CITY IN OUT

COVER LETTER

TO:	Registration Se Division of Cor			`
SURI	MAKF	ED LLC	·	
		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
ricase	e return an correspo	ANDRII MAKAROV	to the following.	
			Name of Person	
		MAKFED LLC		
			Firm/Company	
		2000 ATLANTIC SHORE	S. APT 314	·
			Address	
		HALLANDALE BEACH.	FL 33009	
			City/State and Zip Code	<u></u>
		E-mail address: (to be used for future annual report notifi	cation)
For fu	irther information c	oncerning this matter, please ca	all:	
ANDRII MAKAROV			917 708-3198	
	Name o	f Person		Telephone Number
Enclo	sed is a check for the	ne following amount:		
■ \$3	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

FILED

MAKFEI) LLC
(Name of the Limited Li	ability Company as it now appears on ogethern (ability Company)
(Art	orida Climited Elaonity Company)
The Articles of Organization for this Limited Liabili	ty Company were filed on 04/03/20 SECRETARY OF STATE and assigned
Florida document number L18000083786	
Torida document mantoer	·
This amendment is submitted to amend the following	a.
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	
(Principal office address MUST BE <u>A STREET AI</u>	DDRFSS)
Timelphi office address N2001 DE TETREET 112	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)
	-
B. If amending the registered agent and/or r	egistered office address on our records, enter the name of the ne
registered agent and/or the new registered office	address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
·	Linet i minu su evi uduress
_	, Florida
	City Zin 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
MGR	MAKAROV,ANDRII	2243 CROPSEY AVE APT 10B BROOKLYN NY 11214	■ Add
			☐ Remove
			☐ Change
MGR	FEDOSEIEV, KOSTIANTYN	2000 ATLANTIC SHORES APT 314, HALLANDALE BEACH,	
		<u> </u>	■ Remove
			☐ Change
			Ad d
			Remove
		 	Change
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			□ Remove
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	07/29/2019		/ A* D	
Effective date, if other than the If an effective date is listed, the date mu	st be specific and cannot be prior	to date of filing or more tha	(optional) n 90 days after filing.) Pursuant	to 605.020
Note: If the date inserted in this b document's effective date on the I	lock does not meet the applic	able statutory filing requ	irements, this date will not b	e listed a
document serieure date on the r	epartment of state s records.			
he record specifies a delaye	d effective date, but no	t an effective time	at 12:01 a.m. on the	earlier d
The 90th day after the red		e an encerve ame,	de 12.01 d.m. on the	Cullici
Dated	2019	·		
	J. Makara			
-	y. Makara			
	Signature of a member or author	orized representative of a m	emoer	

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Filing Fee: \$25.00