118000115048

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COVER LETTER

SUBJECT:	Ma	achProfit		
30bJEC1	Name of Lim	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Brian George		
		Name of Person		
		Calas Group		
		Firm/Company		
	777	7 SW 37th Avenue Suite 51	0	
		Address	<u> </u>	
	Miami, FL, 33135			
		City/State and Zip Code		
	<u> </u>	Bgeorge@calas.us		
	E-mail address; (to be used for future annual re	port notification)	
For further information of	concerning this matter, please co	all:		
Brian George		305 at ()	495 5222	
Name o	of Person	Area Code	Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

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

MACH PROFIT, LLC		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I		5/08/2018 and assigned
lorida document number L18000115048		
his amendment is submitted to amend the fol	llowing:	
. If amending name, enter the new name	of the limited liability company h	ere:
ne new name must be distinguishable and contain the	words "Limited Liability Company," the o	lesignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	18 18
Principal office address MUST BE A STRE	ET <u>ADDRESS)</u>	n
		1
		= m
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	E BOX)	### #
		7 7 7
. If amending the registered agent and egistered agent and/or the new registered of	I/or registered office address or office address here:	our records, enter the name of the
Name of New Registered Agent:	Cheryl Fuguet	
New Registered Office Address:	2651 NW 84th Ave #308	
	Enter Flor	ida street address
	Doral, FL	, Florida 33122
	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.

f 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>	Address	Type of Action
MGR	Mariana Puche	11245 NW 88 Terrace	Add
		Doral, FL., 33178	■ Remove
			Change
			D Add
			□ Remove
			Remove
			□ Remove
			Remove
			Change
			Add
			Change

ffective date, if other than the date of filing: 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 605.020 late: If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed a occurrent's effective date on the Department of State's records. Be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Signature of a mounter or authorized representative of a member			
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Page 3 of 3

Filing Fee: \$25.00