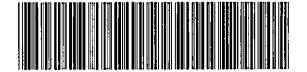
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A. BUTLER JUN 08 2022

COVER LETTER

·TO:

	ation Sec a of Corp			
CLUDING			ı	
SUBJECT:			nited Liability Company	
The enclosed Art	Name of Limited Liability Company assed Articles of Amendment and fee(s) are submitted for filing. urn all correspondence concerning this matter to the following: ANA M. SIERRA ROLDAN Name of Person MAKASTIA LLC Firm/Company 177 OCEAN LANE DR308 Address KEY BISCAYNE, FL 33149 City/State and Zip Code INFO2@CBSOLUTIONSINC.NET E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: CAYNE, FL 33149 UN Name of Person Area Code Daytime Telephone Number is a check for the following amount:			
Please return all o	correspon	dence concerning this matter	to the following:	
		ANA M. SIERRA ROLDA	AN	
			Name of Person	
		Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: ANA M. SIERRA ROLDAN Name of Person MAKASTIA LLC Firm/Company 177 OCEAN LANE DR308 Address KEY BISCAYNE, FL 33149 City/State and Zip Code INFO2@CBSOLUTIONSINC.NET E-mail address: (to be used for future annual report notification) on concerning this matter, please call: 2. 33149 UN at of Person Area Code Daytime Telephone Number or the following amount: S \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
			Firm/Company	tatus &
		177 OCEAN LANE DR30	08	
			Address	
	MAKASTIA LLC Firm/Company 177 OCEAN LANE DR308 Address KEY BISCAYNE, FL 33149 City/State and Zip Code INFO2@CBSOLUTIONSINC.NET E-mail address: (to be used for future annual report notification) rmation concerning this matter, please call:			
			City/State and Zip Code	
		_		
		E-mail address: (1	(to be used for future annual report notification)	
For further infor	nation cor	ncerning this matter, please ca	eall:	
KEY BISCAYN	E, FL 331	49 UN		
,	Name of I	Person	Area Code Daytime Telephone Number	
Enclosed is a che	ck for the	following amount:		
■ \$25.00 Filing	g Fee		Certified Copy Certificate of Stat (additional copy is enclosed) Certified Copy	tus &
	Address:		Street Address: Description Section	
_	ration So on of Co	rporations	Registration Section Division of Corporations	
	ox 6327	•	The Centre of Tallahassee	
_	assee, Fl		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

MAKASTI	IA LLC 2022	!JUL-8 PM 1:34	
(Name of the Limited Liability Compa (A Florida Limited) The Articles of Organization for this Limited Liability Company	iny as it now appears on (Liability Company)	our records.) PRETALL OF STATE ALL AHIARGEE BL	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{08/19/20}{}$	and assigned	
Florida document number L18000270784			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	ution "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	41 SE 5TH ST APT 2104		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33131		
			
Enter new mailing address, if applicable:	41 SE 5TH ST APT :	2104	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33131		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ds, enter the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	reet address	
	15tt (1 to tua si	, 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 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	ANA M. SIERRA ROLDAN	41 SE 5TH ST APT 2104	
		MIAMI, FL 33131	■Remove
MGR	MARIA C. SIERRA ROLDAN	41 SE 5TH ST APT 2104	≣Add
		MIAMI, FL 33131	□Remove
			□ Change
			□Add
			Remove
			Change
			□Add
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Note: If the date inserted in thi locument's effective date on the			ory filing requireme	ents, this date will not	be listed as
Effective date, if other than fan effective date is listed, the date Note: If the date inserted in this				_ (optional) lavs after filing \ Pussion	n to ENE one:
					
 					
					
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Filing Fee: \$25.00