Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000065296 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6363

from:

Account Name : SANDRA ROLON & ASSOCIATES

Account Number : I19980000066

Phone : (954)437-0700 Fax Number : (954)436-8195

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	:	
-------	----------	---	--

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAKNA DISTRIBUTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

## н19000065296 3

12.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comi (A Florida Limited	nany as it now annears on a d Liability Company)	gur reçords,)		
The Articles of Organization for this Limited Liability Company were filed on 01/04/2019				
The Articles of Organization for this Limited Liability Company were filed on L19000007257  This amendment is submitted to amend the following:  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 abbrevailion "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Molling address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:				
A. If amending name, enter the new name of the limited lis	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the design	ation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		7n		
	<del></del>	. 32.		
	<del></del>	mi or promi		
Enter new mailing address, if applicable:				
<del>-</del>		٠, ١٠٠٠		
B. If amending the registered agent and/or registered	office address on ou	r records, enter the name of the ne		
registered agent and/or the new registered office address n	<u>ere</u> :			
Name of New Registered Agent:		```		
New Registered Office Address:				
	Enter Florida s			
	City	, Florida Zio Code		
New Registered Agent's Signature, if changing Registered Ages	-	- <b>,</b>		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent a	gree to act in this cape ate performance of my as provided for in Chap	duties, and 1 am jamiliar with and		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

H19000065296 3

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	ROBERT A. BUTO JR	5645 CORAL RIDGE DR., #229	_ <b>⊒</b> Add
		CORAL SPRINGS, FL 33076	□ Remove
			Change
MGR	MARK COHEN	5645 CORAL RIDGE DR., #229	Add
		CORAL SPRINGS, FL 33076	Remove
			Change
			Add Remove
			© Add
			☐ Change
			D Add
			□ Remove
			Change
			Add
			Remove
		<u>.</u>	Change

<u></u>						additionq		<del></del>			٠.
										<del>_</del>	
	<u> </u>										
<u></u>		•									
-1-17											
				- <u>-</u>						<u>_</u> _	•
<del></del>										_	
	·				<u> </u>						_
				·					<u> </u>	20	-
		<u> </u>							<u> </u>	<del>- 1</del> 1	-
					<del></del>	···			700000 7000000000000000000000000000000	<del>6</del> 2	
		<u> </u>	<del>,</del>						<u> </u>	<del>- 3</del> -	- ". "
			<del></del>			<del> </del>			<del></del>	_>_	- E
<u></u>									<u> </u>	<u> </u>	_
_									7.5		-
Effective	e date, if othe	er than the dat	e of filing	J:	<del> </del>		o chan Off day	option	ai) ing ) Pur	ouen la 6	05 020
II an effect <u>Note:</u> If documen	live date is listed The date insert at's effective d	er than the dai I, the date must be ted in this block ate on the Depai	specific and does not in timent of S	cannot be p neet the app itate's reco.	nor to ome o plicable sto rds.	n nang or mu tutory filing	requirement	a, this d	ate will	not be li	sted a
		a delayed el	**	inha hist	not an e	ffectiv <b>e</b> ti	me. at 12	:01 ສ.ເ	m. on	the ear	ier (
the reco ) The 9	ord specifies 90th day aft	er the record	recuve o	iate, out	THUC BIT C	,	,				
Dated _	2	- 20		2019							
Datos _		111	1/	un							
	<u> </u>	11/	mature of a	member of a	authorized re	presentative	of a member				
		3,5									

Page 3 of 3

Filing Fee: \$25.00

H19000065296 3