## 490000 11440

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## **COVER LETTER**

TO: Registration S Division of Co				
MAKOND SUBJECT:	PE LLC			
30b36c1	Name of Lim	ited Liability Company		
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing		
	ondence concerning this matter	-		
	CHARLES E HENDERSO	)N		
	THE HOUSE OF TAXRS	Name of Person		
	15108 HEATHRIDGE DR	Firm/Company		
	TAMPA FLORIDA 33625	Address		
	ch@h1040.com	City/State and Zip Code		 -
For further information (	E-mail address: (concerning this matter, please ca	to be used for future annual report notifi all:	cation)	5 C
CHARLES E HENDER	SON	813 265-2806		<u>.</u>
	of Person		Telephone Number	FIR P. 23
Enclosed is a check for t	-			
S25.00 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 enclo	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAKONDE LLC

company has been notified in writing of this change.

(Name of the Limited Liab	ility Company as it now appears on o	ur records.)
(A Flor	ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 01/09/2	and assigned
Florida document number 1.19000011440		
		بري. چي
This amendment is submitted to amend the following:		\$
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	<u></u>
Enter new mailing address, if applicable:	<del> </del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	•	records, enter the name of the
registered agent and/or the new registered office ac	ddress here:	
Name of New Registered Agent:		
New Registered Office Address:	<u></u>	
	Enter Florida sti	reet address
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered age	nt and agree to act in this capa	city. I further agree to comply with
provisions of all statutes relative to the proper and		

If Changing Registered Agent, Signature of New Registered Agent

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

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	KARLA E LAWS	8832 BRENNAN CIRCLE APT 304 TAMPA, FL. 33615	_ <b>⊒</b> Add
			☐ Remove
			Change
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I. Effective date, if other than t (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	o block does not meet the applicable	(op) ate of filing or more than 90 days aft e statutory filing requirements, th	tional) er filing.) Pursuant to 605.0207 (3)(1 nis date will not be listed as the
f the record specifies a delay b) The 90th day after the r	ved effective date, but not a ecord is filed.	n effective time, at 12:01	a.m. on the earlier of:
Dated	2019		
<del></del>	lou AL		
	1000	d representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00