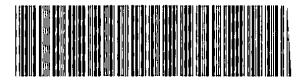


(Re	questor's Name)	
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SECRETARY OF STATE

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COVER LETTER

то	: Registration Sec Division of Corp			
CII	MAKA ML	, LLC		
SU	ВЈЕСТ:	Name of Limit	ted Liability Company	
The	e enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Ple	ase return all correspon	ndence concerning this matter t	o the following:	
		ALFONSO KARAM		
			Name of Person	Daytime Telephone Number & \$60.00 Filing Fee, Certificate of Status &
		MAKA ML, LLC		
			Firm/Company	
		8247 NW 120TH WAY		
			Address	
		PARKLAND, FL 33079		
		AKARAM@CHAIMD.COM	City/State and Zip Code M	· · · · · · · · · · · · · · · · · · ·
		E-mail address: (to	o be used for future annual report notifi	cation)
For	further information co	oncerning this matter, please ca	11:	
ΑI	FONSO KARAM		954 802-0104 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
En	closed is a check for th	e 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 & 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

MAKA ML, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our recordited Liability Company)	'ds.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 02/14/2019	and assig
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 "LL	.C" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s, </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		SECRETARY OF Game of the day of the day of the day of the secretary of the day of the da
New Registered Office Address:		
	Enter Florida street addr	
	, F	Florida 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 Changing Registered Agent, Signature of New Registered Agent

It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of
MGR	SHAHEED KHAN	20533 BISCAYNE BLVD STE 469	■ Add
		4117177170 4 71 221.00	■ Aud
			□ Remo
			☐ Chang
			🗖 Add
			□ Remove
		 	Change
			□ Remove
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			Change

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		- -	
		 	
		<u> </u>	
Effective date, if other than the da	ite of filing:	(op	tional)
If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	c does not meet the applicable	ate of filing or more than 90 days at estatutory filing requirements, t	ter filing.) Pursuant to 605.020' his date will not be listed as
he record specifies a delayed e The 90th day after the record		n effective time, at 12:01	a.m. on the earlier o
Dated SEPTEMBER 25	2019		
Dated	· Sb		
Si	gnature of a member or authorize	d representative of a member	
~,		•	
SHAHI	EED KHAN		
• •	Typed or printed na	eme of signee	

D. If amending any other information, enter change(s) nere: (Attach adaittonal sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00