L1900097152

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Ĉit	ty/State/Zip/Phone	e #)
		MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly



05/16/13--0013 --013 -**30.00



COVER LETTER

Registration Section TO: **Division of Corporations**

MAC SERVICE & CO, LLC _____

SUBJECT:

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Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please

Please return all correspo	indence concerning this matter	to the following:	
	Marcelo La Manna		
		Name of Person	
		Firm/Company	
3323 NE 163 rd. St suite 506			
		Address	
	North Miami Beach FL 331	60	
	info@abrokersmanagement	City/State and Zip Code .com	
	E-mail address: (to be used for future annual report notification	1)
For further information e	oncerning this matter, please ca	म <u>ाः</u>	
Marcelo La Manna		754 6108921	
Name o	t Person	Area Code Daytime Telep	hone Number
Enclosed is a check for th	ae following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 24, 2019

MARCELO LA MANNA 3323 NE 163 RD STE 506 N MIAMI BEACH, FL 33160

SUBJECT: MAC SERVICE & CO, LLC Ref. Number: L19000097152

We have received your document for MAC SERVICE & CO, LLC and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 219A00010540

Page 11 of 13		2019-05-2	9 15.36.05 (GMT)	13054022873 From. American Brokers Managem
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			ТО	
	AR	TICLES 0	F ORGANIZ	ATION
		ĺ	OF	
MAC SERVIC	· · · ·			
	(Name of the Lin	(A Florida Lin	ompany as it now app sted Labelny Compan	yi
				25日 HAY 29 A H- 33
The Articles of Organization	for this Limited	Liability Com	pany were filed on	04/08/2019 and assigned
Florida document number [17]	19000097152			VALLANASSED TEUROA
				WELFHINGSLEIT EMADY
This amendment is submitted	to amend the fo	llowing:		
A. If amending name, enter	the new name	of the limited	liability comosus	here
		<u></u>	indicate Company	<u>intre</u> .
				te designation "LLC" or the abbreviation "L.L.C"
The new hance must be distinguish:	sole and contain the	words "Edunied	r aibuily Company, 4	to designation "LLC" of the abbreviation "L.F.C."
Enter new principal offices	address, if appl	icable:	n/a	
(Principal office address ML	ST BE A STRE	ET ADDRES.	S)	
				· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		n/a		
		178		
B. If amending the regist	ered agent and	i/or registere	d office address	on our records. <u>enter the name of the new</u>
registered agent and/or the	new registered (office address	<u>here</u> :	
Name of New Regis	tered Agent:	American	Brokers Managem	ieni LLC
	er Address	n/a		
New Registered Offi				
New Registered Offi		i i i i i i i i i i i i i i i i i i i	Enter F	lorista suven address
New Registered Offi			Ester h	Inita sireet address . Florida

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. Thereby confirm that the limited fiability company has been notified in writing of this change.

Thursd Cound wird If Changing Registered Agent, Signature of Sev Registered Agent Page 1 of 3

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

<u>Title</u>	Name	Address	Type of Action
MGR	Marcelo La Manna	5323 NE 163 rd ST Suite 506 North Miami Beach FL 33160	
			Change
			🗋 Add
			🔅 🖸 Remove
			🛛 Change
	<u></u>		🛛 Add
			🔤 🗆 Remove
			Change
			🖸 Add
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			🔄 🗍 Remove
			Change
			🗆 Add
			D Remove
			Change



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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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		<u> </u>
<u> </u>		
E. Effective date, if other	than the date of filing.	(optional)
(If an offective date is listed, t <u>Note:</u> If the date inserter	he date must be specific and cannot be	prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) pplicable statutory filing requirements, this date will not be listed as the
If the record specifies a (b) The 90th day after	delayed effective date, but the record is filed.	t not an effective time, at 12:01 a.m. on the earlier of:
05/07 Dated	2019	
· · · · ·		nuthorized representative of a member
	Marcelo La Manna	
	Typed or [ranted name of signee
	h	age 3 of 3
	Filin	g Fee: \$25.00