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(Requestor's Name) (Address) (Address)	600333126816
(City/State/Zip/Phone #) PICK-UP (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	19 AUG 26 PH 1:11 ALLARASSEE FLORIDA ALLARASSEE FLORIDA
Office Use Only	SEP - 5 22:0 T SCHROEDER



TO: **Registration Section Division of Corporations**

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Mae Stavice & Co, LLC Name of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tenaslin Margas Name of Person AMESicin BROVESS MANAGEMENT LLC Firm/Company 1909 Tyles ST # JOZ Address Hollywood FC 33070 City/State and Zip Code MFOGabrothes mailtement . com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $\frac{1}{\frac{303777}{\text{Area Code}}} = \frac{3037777}{\frac{3037777}{\text{Daytime Telephone Number}}}$ MATRAS AU/BA

Name of Person

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 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 enclosed)

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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

MAC SCAUICE & CO LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization	n for this Limited Liability Company were filed on	04/03/2019 and assigned
Florida document number	619000097152	

This amendment is submitted to amend the following:

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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 abbreviation "LLC."

Enter new principal offices address, if applicable:	1909 Tyles ST #2522-5
(Principal office address MUST BE A STREET ADDRESS)	1-10114 Wood FL, 350272
	62
Enter new mailing address, if applicable:	1909 Tyles ST # 502 = 0
(Mailing address MAY BE A POST OFFICE BOX)	Holly wood FL, 32020

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:			
New Registered Office Address:	<u> </u>		
	Hollywood	. Florida	33020
	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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

.• .

Title	Name	Address	Type of Action
MGR	LA MANAM MARCELO	3373 NE 16357 SUMP 506	Add
		North Manni Beach, FI 33160	🔀 Remove
			Change
MGR	Tennaka MATRAS	1909 Tykast # 502	⊠ Add
		Hollywood FL, 33020	Remove
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#### E. Effective date, if other than the date of filing: _____ _ (optional) (If an effective date is listed, the 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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	AVEUST	21. 2019.	
		X Land	
		Signature of a member or authorized representative of a member	
		MACULAN MAXIMILIANO	

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00