Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007 Phone : (786)845-8854 Fax Number : (321)473-3052

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 **MAKTUB LLC**

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Estimated Charge	\$25.00

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Help

JUN 28 2019

COVER LETTER

MAKTUB	LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ANGELICA TORRES			
		Name of Person	··········	
	TAX CARE			
		Firm/Company	· — · · · · · · · · · · · · · · · · · ·	
1400 NW 107TH AVE STE 430				
		Address	···	
MIAMI, FL 33172				
	ANGELICA.TORRES@TA	City/State and Zip Code AXCAREINC.COM	······································	
	E-mail address: (to be used for future annual report notif	cation)	
For further information of	concerning this matter, please ca	all:		
ANGELICA TORRES		786 8458854		
Name	of Person		Telephone Number	
Enclosed is a check for t	he 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	

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

MAKTUB LLC			
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L19000118173	were filed on	05/08/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	1681 NW 70TH AVE. APT 310		
Principal office address MUST BE A STREET ADDRESS)	PLANTATION, FL 33313		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1681 NW 70TH AVE. APT 310 PLANTATION, FL 33313		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter	the name of the
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	ida street address	
		, Florida	
	City	, riorida	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, 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	HOLLMONN, ADOLFO	1681 NW 70TH AVE. APT 310 PLANTATION, FL 33313	Add
			Remove
	HOLLMANN, ADOLFO	1681 NW 70TH AVE. APT 310	Change
MGR		PLANTATION, FL 33313	B Add
			☐ Remove
			Change
	<u> </u>		Add
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Note:	ve date, if other than to crive date is listed, the date if the date inserted in this ent's effective date on the	block does not a	neet the applica	o date of filing or no ble statutory filing	(optione than 90 days after requirements, this	filing.) Pursuant to 605.02
	ord specifies a delay 90th day after the r		date, but not	an effective ti	me, at 12:01 a	.m. on the earlier
Dated [JUNE 25		2019			
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Typed or printed name of signee

Filing Fee: \$25.00