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COVER LETTER

Division of Co	rporations		
SUBJECT:	Name of Limi	Maccos LLC ted Liability Company	<u> </u>
The enclosed Articles of	Amendment and fec(s) are subr	nitted for filing	
Please return all correspondent	ondence concerning this matter t	to the following:	
	<u>ka</u>	ren Harcus	
		Name of Person	
	Jiga	nature Interne	15Achi
	 	Firm/Company	<u> </u>
	19862 DIN	range company Mer de y Drive Address	
		Address	
	Joca Ro Karen E-mail address: (to	City/State and Zip Code City/State and Zip Code Code Used for Juture annual report to	198 Jorida Com
For further information of	concerning this matter, please ca	•	
Name o	en Haraj	at (S61) ZE Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
₩ \$25,00 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 enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

. 2		
K Mara) J L L C	·
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on o	ur records.)
(7) I fortula l'anticce I	(
The Articles of Organization for this Limited Liability Company	were filed onO	14 2019 and assigned 5
Florida document number <u>L 1900017546</u> 0	0	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Karen Mo	rras LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	19862	Dinnerty Dr.
(Principal office address MUST BE A STREET ADDRESS)	Boca	12910N FL 33498
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the name of the n
registered agent and/or the new registered office address her	<u>c</u> .	
Name of New Registered Agent:	In	
Name of New Registered Agent.	-9μ	
New Registered Office Address:	Enter Florida str	uet nederas
	THE TENTHE SE	
	City	, Florida Zip Code
•		rap Cour

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 L 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		.	Add
			☐ Remove
			Change
		- N/A	Remove
			Change
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			Remove
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ffectiv	e date, if other than the date of filing:(optional)
an effe	re date, if other than the date of filing: (optional) rive 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 (
<u>vote:</u> I	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as if
ocume	nt's effective date on the Department of State's records.
rece	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The '	90th day after the record is filed.
ated _	9/26/19
aiea _	
	fara
	Signature of a member or authorized representative of a member
	Karen Marwi
	Typed or printed name of signee

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Filing Fee: \$25.00