## 119000192582

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000340763150

\$2714-01-01009-1D2 \*#30.03

BAR UT MIN

## · COVER LETTER

SUBJECT:	The Makaid				
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Teresa Rocks			
			Name of Person		_
			Firm/Company		
		P.O. Box 500601			
			Address		<del></del>
		Malabar, Florida 32950			
		tfpbooks@gmail.com	Name of Person  Firm/Company  Address  32950  City/State and Zip Code om address: (to be used for future annual report notification)		
			to be used for future annual rep	ort notification)	
For further in	oformation co	oncerning this matter, please ca	all:		
Teresa Rock	s			0880	
	Name of	Person	Area Code	Daytime Telephone Numb	er
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	îling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certifie	Filing Fee, cate of Status & d Copy al copy is enclosed)

**Mailing Address:** 

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Makaiden Group		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records ited Liability Company)	<i>i</i> ')
The Articles of Organization for this Limited Liability Comp	pany were filed on July, 20, 2019	and assigned
Florida document number <u>L19000192582</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Makaid Group LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		, <u>1</u>
Manning address, Will DETT GOT GITTED BOTH		9 G
	-	<u> </u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter t</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	Zip Code

If Changing Registered Agent, Signature of New 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 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>	<u>Address</u>	Type of Action
			Change
····			□Add
			□Remove
		<del></del>	Change
			20 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
			Remove
			Change
			□ Add
			□Remove
			□Add
			□Remove
			□Change
		<del> </del>	
			□ Remove
			□ Change

## Page 2 of 3

	<del></del>	<del></del>		<u></u>			, <del>-</del> ,	_
							<del></del>	
								_
		-				<u> </u>		_
		<del> </del>						_
								_
<del></del>	· ·					125	20	_
		<del></del>					340	_
							8	
					-	:	;e II	3
				-		<u> </u>	: 56	_
							<del></del>	_
								_
ffective date, if other than the d an effective date is listed, the date must b	ate of filing:	eannot be prior	ta date of filing	or more than 9	(option	ial)	uant to 6	.05 O2C
ote: If the date inserted in this bloc	k does not me	eet the applica	ible statutory	filing require	ments, this	date will r	not be li	sted a
ocument's effective date on the Dep	artificity of Sta	ate s records.						
e record specifies a delayed (	effective da	ate, but not	an effectiv	ve time, at	12:01 a.	m. on tl	he ear	lier d
The 90th day after the recor		<b>,</b>						
		2020						
February 11			<u> </u>					
lated February 11		·7						
aled	4	ember or autho	/					

Page 3 of 3