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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporat	ions		·
SUBJECT:		AKEOVER LL	Ċ
	Name of Limite	ed Liability Company	
The enclosed Articles of Amen	dment and fee(s) are subm	nitted for filing.	
Please return all correspondence	e concerning this matter to	the following.	
_	Mayra	ASen CIO	
_	mPA Ta	KROVEY LLC Firm/Company	
_	590 NW	133 St Address	
1	Joth Mid Mayra Di E-mail address: (to	City/State and Zip Code +23 Q Vahoobe used for future annual report notification	168 COM
For further information concer-	ning this matter, please cal	t:	
Mayra AS Name of Perso	Pencio	at (305) 331 = Area Code Daytime Tel	ephone Number
Enclosed is a check for the foll	_		
□ \$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:

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

M 7 A -	Take over LLC
(Name of the Limited Li. (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili	ty Company were filed on $10-07-19$ and assigned 577
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
Enter new principal offices address, if applicable:	
Enter new mailing address, if applicable:	77 ZOID
(Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or registered agent and/or the new registered office s	egistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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, 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
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m effectiv <u>ote:</u> If tl	date, if other than the date is listed, the date the date inserted in the s effective date on the	e must be specific and is block does not n	I cannot be prior to neet the applicable		re than 90 days aft		
	l specifies a dela th day after the		late, but not a	an effective ti	me, at 12:01	a.m. on the e	arlier of
ted	Japan Days	/ / / Q a . G	20/9		of a member		_
•	MAYRA	ASONO	Typed or printed i	name of signer			

Page 3 of 3

Filing Fee: \$25.00