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Amend CC

APR 0 8 2028 LALBRITTON

COVER LETTER

Division of Cor	porations		
suвјест: <u>М</u> а	CAW CONSULFINA Name of Lyni	14C ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jerome	Bilecki Name of Person	
	251-	Firm/Company	
	8368	IW Hoth Street	·
	Couper (Civil State and Zip Code Chi Abyl C. All. Control of the Used for future annual report noting	1 (dication)
For further information c	oncerning this matter, please ca		
Jerome B	ilecki r Person	at (<u>954)</u>	897 Te Telephone Number
Enclosed is a check for the	ne 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 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

Macaw Consulting (Name of the Limited Liability Come)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>120060034876</u> .	1 / 3 0
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ility Company," the designation "L.L.C." 8368 NW 404h Street Cooper City, FL 33024
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8368 NW 40th Street Cooper City. FL 33024
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
	1e Bilecki B NW 40th Street Enter Florida street address OPECITA . Florida 33024
	Gity 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
MGA	Robert Johnson	4171 Juniper Steet	□Add
		Part Charlotte, FL 33948	XRemove
			□Change
<u>M(1)</u>	Jesume Bilecki	8368 NW 40th Street	XAdd
		_ 8368 NW 40 lh Street	□Remove
			Change
			□Add
		······································	□Remove
			□Change
	 		□Add
			□Remove
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			□Add
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			🗆 Add
			□Remove
			□Change

	•.
Uffor	tive date if other than the date of Clina.
(If an et Note:	tive date, if other than the date of filing:
he reco	rd 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 iled.
Dated	march 2/st . 2020.
	March 2/5t. 2020. Live J. B.M.N. Signature of a member or authorized representative of a member
	ar ain
	Tesume J. B. la hi Typed or printed name of signee

Filing Fee: \$25.00