L20000073902

(Requestor's Name)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
, , ,	
(Document Number)	
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	gistration Se ision of Cor			••	
(11.15.11.27P	MAFACH	INVESTMENTS LLC			
SUBJEC1:		Name of Lin	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ondence concerning this matter	-		
		ALVARO ORTEGA			
			Name of Person		
		10X MULTISOLUTIONS			
	Firm Company				
	1983 S. MILITARY TRAIL SUITE A				
			Address		
		WEST PALM BEACH, F	L 33415		
	City/State and Zip Code				
		INFO@10XMULTISOLUT	FIONS.COM to be used for future annual report notif		
For further is	nformation c	oncerning this matter, please c		ication)	
ALVARO C	RTEGA		561 720-4923		
	Name o	f Person	at () Area Code — Daytime	Telephone Number	
Enclosed is a	i check for th	ne following amount: FLC I	LIDA DEPARTMENT O	F STATE	
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres gistration 5		Street Address: Registration Sec	tion	
Div	zision of C	'orporations	Division of Corp	oorations	
). Box 632		The Centre of Ta		
1 (1)	lahassee, I	LL 24214	∠+10 N. MONTOC	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAFACH INVESTMENTS LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file florida document number $\frac{1.20000073902}{}$.	ed on $\frac{03/05/2020}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	npany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	any," 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>ω</u>
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Emer Florida street address
	, Florióa
City	Zin Covla

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>	Name	Address	Type of Action
AMBR	CHANG JARAMILLO, BLANCA	16379 61ST PL NLONAHATCHEE,	□Add
		FL 33470	■Remove
			□Change
			□Remove
			□Change
			🗆 Add
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an effective date i <u>lote:</u> If the date	f other than the disted, the date mus- inserted in this ble tive date on the De	t be specific and c ock does not me	annot be prior set the applic	to date of filing able statutory			
record specifies I is filed.	a delayed effective	e date, but not a	n effective ti	ime, at 12:01 a	un, on the earl	ier of: (b) The	90th day after the
			2020	2	_		
ated June 11		el i					

Filing Fee: \$25.00