

L20000 125737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

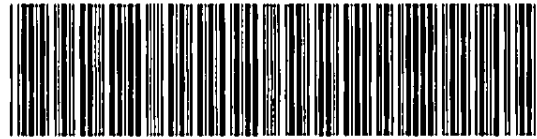
(Business Entity Name)

(Document Number)

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05/22/20--01015--027 **25.00

2020 MAY 22 PM 3:44

JUN 11 2020
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1815 MAC LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Manuel Abreu Ramos

Name of Person

Firm/Company

2394 Robert D Rd

Address

Mount Dora FL 32757

City/State and Zip Code

manabreux@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manuel Abreu Ramos

352 362 6462
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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**

1815 MAC LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 05/08/2020 and assigned
Florida document number L20000125737.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Tiffany Quinones Caraballo

New Registered Office Address: 2394 Robert D Rd
Enter Florida street address

Mount Dora, Florida 32757
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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Manuel Abreu Ramos		<input type="checkbox"/> Add
		2394 Robert D Rd, Mount Dora FL 32757	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Tiffany Quinones Caraballo		<input type="checkbox"/> Add
		2394 Robert D Rd, Mount Dora FL 32757	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Manuel Abreu Ramos	2394 Robert D Rd, Mount Dora FL 32757	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tiffany Quinones Caraballo	2394 Robert D Rd, Mount Dora FL 32757	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 05/20 2020

Manuel Antonio Diaz

Signature of a member or authorized representative of a member

Manuel Abreu Ramos

Typed or printed name of signee