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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·

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2020 MAY 22 FI; 3: 44

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COVER LETTER

TO:	Registration Se Division of Cor		<i>;</i>		
SUBJI	1815 MAC	LLC .			
30 D 01		Name of Lim	nited Liability Company	_	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Manuel Abreu Ramos			
			Name of Person		-
			Firm/Company		_
		2394 Robert D Rd			
		 	Address		
		Mount Dora FL 32757			
		manabreux@gmail.com	City/State and Zip Code		_
			to be used for future annual rep	ort notification)	
For fur	ther information co	oncerning this matter, please c	all:		
Manue	el Abreu Ramos		352 362 6	3462	
	Name of	Person	Area Code	Daytime Telephone Numbe	r
Enclose	ed is a check for th	e following amount:			
≣ \$ 2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	ate of Status &

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

1815 MAC LLC

2029 MAY 22 PH 3: 44

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____ 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 "LLC." 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: Tifany Quinones Caraballo Name of New Registered Agent: 2394 Robert D Rd New Registered Office Address: Enter Florida street address _, Florida 32757 Zip Code Mount Dora

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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	2020 MAY 22 Fii 3: 4	Type of Action
AP	Manuel Abreu Ramos			~ ; , 1,4
		2394 Robert	t D Rd, Mount Dora FL 3275	E Damova
				□Change
AP	Tifany Quinones Caraballo			□Add
		2394 Robert	t D Rd, Mount Dora FL 3275	7
				□Change
AMBR	Manuel Abreu Ramos	2394 Robert	t D Rd, Mount Dora FL 3275	7
			<u> </u>	□Change
AMBR	Tifany Quinones Caraballo	2394 Robert	t D Rd, Mount Dora FL 3275	
				□Remove
				□Change
				□Add
				Remove
				□Change
	 			□Add
				Remove
				□ Change

Page 2 of 3

Effective date, if other than the date of filing: (optional) (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The 90th day after the record is filed. Dated Object	Effective date, if other than the date of filing:		2020 MAY 22 PM 3: 44
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Filing Fee: \$25.00