## L20000138356

(Requestor's Name)	
(Address)	800
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	1.
Certified Copies Certificates of Status	
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## **COVER LETTER**

	Registration Se Division of Cor			
0110100	MAKESEN	SE LLC	•	3
SUBJEC	71;	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	endence concerning this matter	to the following:	
		Michael D Wild		
			Name of Person	<del> </del>
		WFP Law		
			Firm Company	<del></del>
		1250 S Pine Island Rd, Ste	200	
		_	Address	
		Plantation FL 33324		
		mwild@wfplaw.com	City/State and Zip Code	
		<del>-</del> '	to be used for future annual report not	fication)
For furthe	er information co	oncerning this matter, please co	all:	
Michael l	D Wild		954 944-2855 at ( )	
	Name of	r Person	Area Code Daytin	e Telephone Number
Enclosed	is a check for th	e following amount:		
<b>■ \$25.</b> 0	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 S Division of C P.O. Box 632 Fallahassee, F	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAKESENSE LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L20000138356	npany were filed on 05/21/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "EEC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	(3)	
		. 20
		20 D
Enter new mailing address, if applicable:		<u>: 5 T</u>
Mailing address MAY BE A POST OFFICE BOX)	_	. = =
		- R D
		72:
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the</u>	e name of the new regist
Name of New Registered Agent:		
N. D. i. 10%		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Floric	da
	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>	Address	Type of Action
MBR	PATDIRECT LLC	1415 NE 7 STREET	□ Add
		FT LAUDERDALE, FL 33304	Remove
			Change
MBR	AEAM LLC	716 NE 15TH AVENUE	<b>=</b> Add
		FT LAUDERDALE, FL 33305	⊟Remove
			□Change
			. DEC . DEC 
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing of	
If the date inserted in this block does not meet the applicable statutory filment's effective date on the Department of State's records.	iling requirements, this date will not be listed
ord specifies a delayed effective date, but not an effective time, at 12:01 a.t	m. on the earlier of: (b) The 90th day after th
filed.	
d Oct 20, 2020.  Kill leer Streen, Manager of a member or authorized representation	
Stableen thes Manag	RR

Typed or printed name of signee

. . . .