L20000158660

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	1
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S. YOUNG

COVER LETTER

Registration Section Division of Corporations

TO:

MACTA P SUBJECT:	NVESTMENTS, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JODI RONEN		
		Name of Person	
	JG CONSULTING SERV	TCES, LLC	
		Firm/Company	
	5481 WILES RD STE 502		
		Address	
	COCONUT CREEK, FL 3	3073	
		City/State and Zip Code	
	JODI@ACCU-TAX.TAX		
	E-mail address: (to be used for future annual report not	iffication)
For further information c	oncerning this matter, please c	all:	
JODI RONEN		754 220-8270	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he 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		Street Address: Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee	FL 37314	2415 N. Monra	be Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACTA INVESTMENTS, LLC

(Name of the Limit	ed Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>z)</u>
	(Terrorial Same Same Same Same Same Same Same Same	(m)
The Articles of Organization for this Limited L	iability Company were filed on \(\frac{06/09/2020}{}\)	and assigned
Florida document number 1.20000158660	·	
This amendment is submitted to amend the follo	owing:	主
A. If amending name, enter the new name of	f the limited liability company here:	. 5
Keith Maclaren Taylor Investments, LLC		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	
B. If amending the registered agent and/or r agent and/or the new registered office addres	registered office address on our records, <u>enter</u> ss here:	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	•
	. Flo	orida
	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 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
			□Add
			□Remove
			□Change
-			□Add
			□Remove
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ective date, if other than t	he date of filing:			(optional)	
effective date is listed, the date ite: If the date inserted in this ument's effective date on the	block does not meet th	he applicable statu	filing or more than 90 da tory filing requiremen	ys after filing.) Pursuant to its, this date will not be	605,020 listed a:
cord specifies a delayed effec s filed.	tive date, but not an ef	fective time, at 12	:01 a.m. on the earlie	r of: (b) The 90th day a	ifter the
ed 06/24	202	20			
	_ /				

Typed or printed name of signee

CRAIG MACLAREN TAYLOR