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AUG 22 2020

S. YOUNG

COVER LETTER

TO:	Registration S Division of Co		e.		
CUBIC		MAFIA LLC	·		
SUBJE	.CI:	Name of Limi	ted Liability Company		- _
The end	closed Articles of	f Amendment and fee(s) are sub	nitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
		LOVETTE DOBSON			
			Name of Person		
		INCFILE.COM LLC			
			Firm/Company	=.	
		17350 STATE HWY 249 S	STE 220		
			Address		
		HOUSTON, TX 77064			
		EFILE1234@INCFILE.CO	City/State and Zip Code M to be used for future annual re	nort notificat	ion)
For fur	ther information	concerning this matter, please ca		,	,
LOVE	TTE DOBSON			9090	
	Name	of Person	at () Area Code	Daytime Te	lephone Number
Enclos	ed is a check for	the following amount:			
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addr Registration Division of P.O. Box 63	Section Corporations	Division	<u>tress:</u> tion Section of Corporter	rations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MA	ASKDMAFIA LLC	
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records. a Limited Liability Company)	.)
The Articles of Organization for this Limited Liability C	Company were filed on 06/19/2020	and assigned\
Florida document number L20000171529		
This amendment is submitted to amend the following:		13 PH 1:
A. If amending name, enter the new name of the lim	nited liability company here:	
		12
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
	City ,	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	

company has been notified in writing of this change.

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

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
AMBR	GINA HISEY	136 NW CURTIS ST	
		PORT ST LUCIE, FL 34983	=Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			Change
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			□Change
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			□Remove
			□ Change

Effective date, if other than the date of filing:					
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Dated	UU V 7	7020			
Ananga Melender Signature of a member or authorized representative of a member	Dated		·		
Signature of a member or authorized representative of a member	Man	M.V. D			
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		Burnes A. F. Metters, A. 1999			
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