

170000234099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

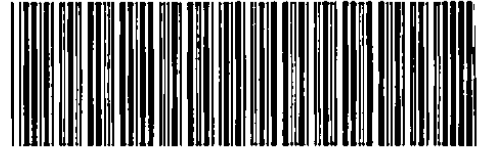
(Business Entity Name)

(Document Number)

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LA
2/23/21

TO: Registration Section
Division of Corporations

SUBJECT: Maak 2, 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:

Alfinette Hayden

Name of Person

Spectra Holdings Group, Inc.

Firm/Company

2880 West Oakland Park Blvd Ste 206

Address

Oakland Park, Florida 33311

City/State and Zip Code

maak2llc@gmail.com

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

For further information concerning this matter, please call:

Alfinette Hayden

954

901-5817

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

TO

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

Florida document number L20000234099

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

Enter new principal offices address, if applicable:

2880 West Oakland Park Blvd

Suite 206

Oakland Park, Florida 33311

2880 West Oakland Park Blvd

Suite 206

Oakland Park, Florida 33311

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
City Zip

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to 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 filing 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.

Dated January 15, 2021.

ABU. KHAN
Typed or printed name of signee

Filing Fee: \$25.00