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COVER LETTER

Division of Corp	orations			
annom Matia C	commit ale			
SUBJECT: Wakid F	Name of Lim	ited Liability Company		
				1
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Janaya Hordon			
)	Name of Person		
		Firm/Company		
	3870 NW 11312 S	t Apt 204		ı
		Address		ı
	Miami, FL 33055	City/State and Zip Code		
	hardmylv 7 egmal t E-mail address: (i	OW) to be used for future annual report notif	ication)	
For further information co	ncerning this matter, please ca	ıll:		
		70.00 MAG 110		
Janaya Harden Name of	Person	at (305) 333 - 59 w Area Code Daytime	Telephone Number	
		·	•	
Enclosed is a check for the	e 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)	

TO:

Registration Section

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 OF

Makid Esportials LLC	LULL HAT 23 PH 12: [22
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company	l e e
lorida document number L20000151077	, , ,
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	pility company here:
Neikid Arathetics UL	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	LOOSE WE 15th TT
Principal office address MUST BE A STREET ADDRESS)	Midmi, FL 3379
nter new mailing address, if applicable:	SDOLO NE 12+P LL
Mailing address MAY BE A POST OFFICE BOX)	Mismi, FL 33179
3. If amending the registered agent and/or registered office:	address on our records, enter the name of the new regis
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_ 	Florida
	City Zin 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
			□∧dd
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			□Change
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n effe <u>ite:</u>	ve date, if other than the date of filing:	
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.	the
ted_	May 2	1
	1 March	
	Signature of a member or authorized representative of a member	
	<i>1</i>	