

L20 000 267841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

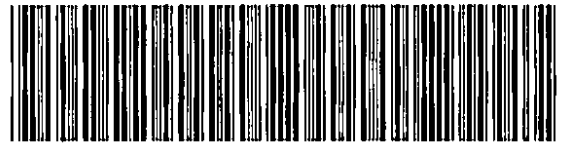
(Business Entity Name)

(Document Number)

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1/11/21
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My Macro Memoir, 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:

SCOTT STRAUSS
Name of Person

My Macro Memoir, LLC
Firm/Company

3296 N. Federal Highway, #11331
Address

Fort Lauderdale, FL 33339
City/State and Zip Code

Jaclyn Strauss@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaclyn Strauss
Name of Person

at (954) 588 4488
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MY MACRO MEMOIR, LLC

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

The Articles of Organization for this Limited Liability Company were filed on August 28, 2020 and assigned
Florida document number L20000267841.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

3296 North Federal Highway

#11331

Fort Lauderdale, FL 33339

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3296 North Federal Highway

#11331

Fort Lauderdale, FL 33339

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Lawrence Felder, PA

New Registered Office Address:

7900 Nova Drive, Suite 205

Enter Florida street address

Davie

Florida 33324

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jaclyn H. Strauss	2825 NE 26th Street, Fort Lauderdale	<input type="checkbox"/> Add
		Fort Lauderdale, Florida 33305	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Scott Strauss	3296 North Federal Highway	<input checked="" type="checkbox"/> Add
		#11331	<input checked="" type="checkbox"/> Remove
		Fort Lauderdale, FL 33339	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 19, 2020

Scott Strauss

Signature of a member or authorized representative of a member

Scott Strauss

Typed or printed name of signee

Filing Fee: \$25.00