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COVER LETTER

TO: Registration Section

Division of Corp	orations			
	vestments LLC.			
SUBJECT:	Name of Limi	ited Liability Company	· ·	-
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	Roshan Brown			
		Name of Person		_
	Make Investmer	nts LLC.		
		Firm/Company		
	4429 401	14wood Bluc	J # 814686	
		Address	-	
	Hour	City/State and Zip Code	300 \ 	
	makeinvestmentsllc@			
		to be used for future annual	report notification)	
For further information co	oncerning this matter, please c	all:		
Roshan Brown		954	997- 6238	
Name of	Person	Area Code	Daytime Telephone Nun	nber
				—: ·
Enclosed is a check for th	e following amount:			- :
¥\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc	Certii closed) Certii	0 Filing Fee; ficate of Status & fied Copy ional copy is enclosed)
M (Page 11)		Street A	ddraes:	
<u>Mailing Addres</u> Registration S			ation Section	
Division of C	orporations		n of Corporations	
P.O. Box 632			ntre of Tallahassee . Monroe Street, Suit	re 8 10
Tallahassee, I	`L JZJ14	Z71J IN	. Montoe Street, Sun	010

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Make Investments 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	and assigned
lorida document number <u>L21000042766</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name	me of the new regis
gent and/or the new registered office address here:	, ,
	: '
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	· ·
Enter Floridu street address	i
Florida	$ \begin{array}{ccc} $
, Florida	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
AMBR	Ernella Greaves	7745 Fairway Blvd, Miramar FL 33023	⊠Add
			□ Remove
			□Change
			□ Add
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			□Change
			□Add
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an effective ote: If th	late, if other than the e date is listed, the date muse date inserted in this best effective date on the E	st be specific an lock does not :	d cannot be prior meet the applic	to date of filing or able statutory fil:	(opt more than 90 days afte ing requirements, th	er filing.) Pursuan	it to 605.020 be listed a
record spe is filed.	ecifies a delayed effectiv	ve date, but no	t an effective t	ime, at 12:01 a.m	. on the earlier of: (b) The 90th d	ay after the
ated	February 8		, 1 2022	·			
		1-11			c of a member		