L210001341285

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PICK-UP WAIT MAIL
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March 15, 2024

ANDRE SIMON HAM 1753 N CONGRESS AVE WEST PALM BEACH, FL 33401

SUBJECT: MACPID, LLC Ref. Number: L21000134285

We have received your document for MACPID, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 324A00005700

Morgan E Lovett Regulatory Specialist II

www.sunbiz.org

Division of Community - D.O. DOV (2027 Telluly) - TI 11 2001

COVER LETTER

	gistration Sect sision of Corp			
CHD IECT.	Macpid, LLC			
SUBJECT.		Name of Limit	ted Liability Company	
The enclosed	Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. The ease return all correspondence concerning this matter to the following: Simon Ham Jr Name of Person Firm/Company 650 SW 138 Ave #1409 Address Pembroke Pines, FL 33027 City/State and Zip Code ebaysimonham@gmail.com E-mail address: too be used for future annual report notification) or further information concerning this matter, please call: mon Ham Jr Name of Person Area Code Daytime Telephone Number selosed is a check for the following amount: \$\frac{561}{2}\$\$ 900-9777 at {\frac{3}{4}\$\$ Daytime Telephone Number}			
		Simon Ham Jr		
			Name of Person	
			Firm/Company	Telephone Number S60.00 Filing Fee, Certificate of Status &
		650 SW 138 Ave #J409		
			Address	
		Pembroke Pines, FL 33027		
		abaycimanham@amail.com	City/State and Zip Code	
			o be used for future annual report notific	ration)
For further i	nformation co	ncerning this matter, please ca	ill:	``.
Simon Ham	Jr			
	Name of	Person	Area Code Daytime	Felephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00	Filing Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy
Mi	ailing Address	<u>.</u>	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Macpid, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on o Liability Company)	ur records.)	-
he Articles of Organization for this Limited L	iability Company	were filed on $\frac{6/13/202}{}$	and a	assigned
lorida document number L21000134285	·			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if appli	650 SW 138 Ave #J40	99		
Principal office address MUST BE A STREI	ET ADDRESS)	Pembroke Pines, FL 3	3027	
Enter new mailing address, if applicable:	650 SW 138 Ave #J40)9		
Mailing address MAY BE A POST OFFICE	BOX)	Pembroke Pines, FL 3	3027	
B. If amending the registered agent and/or agent and/or the new registered office addre	4,7	address on our record	s, <u>enter the name of the </u>	new regist
Name of New Registered Agent:	Simon Ham, Jr			
New Registered Office Address:	650 SW 138 A	ve #J409		
		Enter Florida street address		
	Pembroke Pine	s	, Florida 33027	••
		City	Zip Coo	de 😘

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Andre S Ham	1753 N Congress Ave	□ Add
		West Palm Beach, FL 33401	≣Remove
			□Change
			□ Add
		·	Remove
			Change
			□Add
			□Remove
			Change
<u>_</u>	 		
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

.

Add Simon Ham, Jr as MGR	and Add 650 SW 138 Ave #J409, Po	embroke Pines, FL Address to All	
			
			<u> </u>
			 _
 			
			<u>.</u>
			
affective date, if other than the	date of filings	(optional)	
fan effective date is listed, the date mus	it be specific and cannot be prior to date cook does not meet the applicable sta	of filing or more than 90 days after filing.) Pur tutory filing requirements, this date will	
record specifies a delayed effectived is filed.	e date, but not an effective time, at)	2:01 a.m. on the earlier of: (b) The 90	Oth day after the
Dated April 24	2024		
	·	Sara Alanda	

Filing Fee: \$25.00

Typed or printed name of signee