Division of Corporations Electronic Filing Cover Sheet

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Io:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP

Account Number : I20190000020 Phone : (786)953-7449

Fax Number : (786)953-7450

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MACALU WHOLESALE LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

το:	Registration Se Division of Cor			
MACALU SUBJECT:		WHOLESALE LLC		
SUBJEC	-1: <u></u>	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		MARIOXY SANCHEZ		
			Name of Person	-
		MACALU WHOLESALE	ELLC	
			Firm/Company	
		11290 NW 88 TERR		
			Address	
		DORAL, FL 33178		
			City/State and Zip Code	
		LALBERTOLEAL43@GM		
For Corb.	:afaati		(to be used for future annual report notification)	
		oncerning this matter, please c	au;	
MARIOXY SANCHEZ			305 300-1385 at ()	
	Name o	f Person	Area Code Daytime Telephone	: Number
Enclosed	is a check for th	ne following amount:		
■ S25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) (60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed;
I I	Mailing Address Registration S Division of Co P.O. Box 632 Fallahassec, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	ec

p.5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACALU WHOLESALE LLC	2 6
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	- 9
	星
The Articles of Organization for this Limited Liability Company were filed on JUNE 18, 2021	and assigned 🤅
Florida document number L21000284569	and assigned
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)	
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 agent and/or the new registered office address here:	лаше of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florid	in
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in this capacity. I further provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. seing filed to merely reflect a change in the registered office address, I hereby confirm that the company has been notified in writing of this change.	am familiar with and Or, if this document is
If Changing Registered Agent, Signature of No	W Registered Agent

_ Change

MGR = N	from our records: Ianager Authorized Member		
Title	Name	Address	Type of Action
AMBR	LUIS A. LEAL	11290 NW 88 TERR	□∧dd
		DORAL, FL. 33178	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□ Change
			□Add
			□ Remove
			□ Change
			□∧dd
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessity)	essary.)		
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		AM IO:	ORPORATIONS
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		-	
E. Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	filing.) Pursuant to 60	5.0207 (ted as t	(3)(b) he
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ecord is filed.	The 90th day after	er the	
Dated OCTOBER 21 2021			
Wantairche			
Signature of a member or authorized representative of a member MARIOXY SANCHEZ			
Typed or printed name of signer			