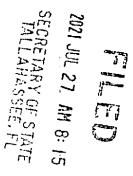
## 

(Requestor's Name)	
(Address)	-
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
Certified Copies Certificates of	of Status
Special Instructions to Filing Officer:	





07/27/21--01023--001 **\*\***25.00



## **COVER LETTER**

	ration Section on of Corporations	
	AKARU ENTERPRISES GROUP, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed	rticles of Amendment and fee(s) are submitted for filing.	1
Please return a	correspondence concerning this matter to the following:	
	Maikel Ruiz	
	Name of Person	
	MAKARU ENTERPRISES GROUP, LLC	
	Firm/Company	•
	8936 SW 6th St.	i.
	Address	
	Miami, FL 33174	
	City/State and Zip Code	
	mr.maikelruiz@gmail.com E-mail address: (to be used for future annual report notification)	
For further inf	mation concerning this matter, please call:	
Maikel Ruiz	305 720-5644 at()	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a c	eck for the following amount:	
<b>≡</b> \$25.00 Fil	g Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Regi Divis P.O.	Address: ration Section on of Corporations ox 6327 assee, 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

## MAKARU ENTERPRISES GROUP, LLC

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

The Articles of Organization for this Limited 1	Liability Compa	any were filed on $\frac{07/22/7}{1}$	2021 and assigned
Florida document number L21000326186	·		•
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited li	iability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
			<u>₹</u> 6 8
Enter new mailing address, if applicable:		N/A	2
(Mailing address MAY BE A POST OFFICE BOX)			
			mo mo
B. M. B. M. C. B. M. M. C. B.			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered offic ess here:	ce address on our recor	ds, enter the name of the new regis
Name of New Registered Agent:	N/A	-	
New Registered Office Address:	N/A		
<u></u>		Enter Florida s	treet address
			, Florida
		City	Zip Code

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
	N/A	N/A	□Add
			□Remove
			□Change
			DAdd
			DRemove
			□Change
		SECRETARY	_ DAdd
		SECRETARY OF ST TALLAHASSEE	•
		OF STATE SEE FI	_ DC ange
		m · ·	_ 🗅 Add
			_ 🖒 Remove
			_ 🗆 Change
<del></del>			_ □Add
			_ 🗆 Remove
			_ DChange
			_ □Add
			_ 🗆 Remove
			_

			<u>-</u>	<del></del> .		<del></del>
	<u> </u>					<del></del>
		<del></del>				· · · · · ·
					<del></del>	
	<del></del>					
	- <u></u>					
<del></del>	<u> </u>					
					(S)	202
	_				>RE	<u></u>
<del>_</del>		<del></del>	<del>-</del>	<u>.                                      </u>		<u>~</u>
<del></del>			<u>_</u>	<del></del>	- <u>X</u> 22	7
					OF S	32
<u> </u>	_	-			TAT S	_ <del></del>
-			<del> </del>	<del></del>		<u>C1</u>
	<u>-</u>	<del>_</del>	<del>_</del>	<del></del>		
			<del></del> -			
effective date, if other that effective date is listed, the da	n the date of f	iling: c and cannot be prior	to date of filing or r	opt	ional) er Gling \ Por	
<ul> <li>e: If the date inserted in tument's effective date on</li> </ul>	his block does i	not meet the applic	able statutory filir	ig requirements, th	is date will	not be liste
ament's cricetive date on	ше ізераншен	of State's records	•			
cord specifies a delayed ef	fective date him	not an effective t	ima at 12:01 a.m.	an the continues (	L) Th- 00	A
filed.	iconire danc, bu	i not an effective t	nne, at 12.01 a.m.	on the earner or: (	о) гле 90	in day aiter
0.000						
ed						
				>		
			7			
<del></del>	Signaturo	of a member or auth	prived representative	of a member		

Filing Fee: \$25.00