## 121CCC 382907

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



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## **COVER LETTER**

|   | Registration Sc<br>Division of Cor |   |   |   |
|---|------------------------------------|---|---|---|
| end ice                                   | MAFA CB                            | D LLC   |   |   |
| SUBJEC                                    | . I :                              | Name of Lin                                     | ited Liability Company  |   |
| The enclo                                 | osed Articles of                   | Amendment and fee(s) are sub                    | mitted for filing.  |   |
| Please re                                 | turn all correspo                  | ondence concerning this matter                  | to the following:   |   |
|   |                                    | Monica Uscategui                                |   |   |
|   |                                    | <del> </del>                                    | Name of Person  |   |
|   |                                    | Greenlight Financial LLC                        |   |   |
|   |                                    |   | Firm/Company  | <del></del>   |
|   |                                    | 7480 Bird Road #810                             |   |   |
|   |                                    |   | Address   | ·   |
|   |                                    | Miami, FL 33155                                 |   |   |
|   |                                    | <del></del>                                     | City/State and Zip Code   | <del></del>   |
|   |                                    | muscategui@greenlightfina                       |   |   |
|   |                                    | E-mail address: (                               | to be used for future annual report no                              | tification)   |
| For furth                                 | er information c                   | oncerning this matter, please c                 | all:  |   |
| Monica                                    | Uscategui                          |   | 305 860-5970  |   |
|   | Name o                             | f Person  | at ()<br>Area Code Daytin   | ne Telephone Number   |
| Enclosed                                  | is a check for th                  | ne following amount:                            |   |   |
| ₩\$25.0                                   | 00 Filing Fee                      | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|   | Mailing Addres Registration 5      | Section   | Street Address:<br>Registration So                                  |   |
| Division of Corporations<br>P.O. Box 6327 |                                    | Division of Co<br>The Centre of                 |   |   |
|   | Tallahassee, 1                     |   |   | oe Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MAFA CBD LLC  |   |
|---|---|
| (Name of the Limited Liability Company as it now<br>(A Florida Limited Liability Com  | appears on our records.)<br>apany)                  |
| The Articles of Organization for this Limited Liability Company were filed Florida document number L21000382907             | on 08/26/2021 and assigned                          |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited liability compa  | any here:   |
| MAFA LLC  |   |
| he new name must be distinguishable and contain the words "Limited Liability Company  | "the designation "LLC" or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable:   |   |
| Principal office address MUST BE A STREET ADDRESS)  | 2 28  |
|   |   |
|   | - III   |
| nter new mailing address, if applicable:  | 755   |
|   |   |
| Mailing address MAY BE A POST OFFICE BOX)   | ٠, ٠, ١, ٠,٠  |
|   |   |
| 3. If amending the registered agent and/or registered office address on   |   |
| s. It amending the registered agent and/or registered office address on gent and/or the new registered office address here: | our records, enter the name of the new regis        |
|   |   |
| Name of New Registered Agent:   |   |
| New Registered Office Address:  |   |
| En  | nter Florida street address                         |
|   | , Florida   |
| Cin   | Zin 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

| MGR =  | Manager             |  |
|--------|---------------------|--|
| AMBR = | · Authorized Member |  |

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action              |
|--------------|-------------|----------------|-----------------------------|
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|   |  |                                   |                 |                 |               |                 |             |
| ective date, if other than the a effective date is listed, the date mute: If the date inserted in this becament's effective date on the D | st be specific and o<br>lock does not me | cannot be prior<br>eet the applic | cable statutory |                 |               | g.) Pursuant to |             |
| ecord specifies a delayed effectives tiled.   | re date, but not a                       | in effective t                    | ime, at 12:01   | a.m. on the ear | ier of; (b) T | he 90th day     | after th    |
| s med.  |  |                                   |                 |                 |               |                 |             |
| JANUARY 4TH   |  | 2022                              |                 |                 |               |                 |             |
|   | <b>3</b>                                 | 2022                              | <u></u> ·       |                 |               |                 |             |

Filing Fee: \$25.00