L210000469418

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Registration Section

TO:

COVER LETTER

Division of Co	rporations			
MACSOL	UTIONZ-REAL ESTATE LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
	ondence concerning this matter	•		
·	Ü			
	John K. Carter			
	-	Name of Person	· · · · · · · · · · · · · · · · · · ·	
	John K. Carter Law, P.A.			
		Firm/Company		
	9500 Koger Blvd, Suite 11	2		
		Address	117	
	St. Petersburg, FL 33702			
		City/State and Zip Code	····	
	john@johnkcarterlaw.com	to be used for future annual report i		
For further information of	concerning this matter, please o		notification)	
John K. Carter		727 456-8970 at ()	1	
Name o	of Person	Area Code Day	time Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Addres Registration		Street Address Registration		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632 Tallahassee			f Tallahassee	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACSOLUTIONZ-REAL ESTAT	E LLC		
(Name of the Limit	cd Liability Compa (A Florida Limited)	iny as it now appears on our red Liability Company)	ords.)
The Articles of Organization for this Limited L Florida document number L21000469418 This amendment is submitted to amend the following the control of the	iability Company		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
N/A	 		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	TADDRESS)		
		·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	N/A	
B. If amending the registered agent and/or ragent and/or the new registered office address	ss here:	address on our records, <u>en</u>	ter the name of the new registere
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street ad	dress
	N/A		Florida N/A
New Registered Agent's Signature, if changing 1	Registered Agent:	Cùy	Zip Code 2021
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er an <mark>d</mark> complete istered agent as p registered office	performance of my duties provided for in Chapter 66	, and I am familiar With and 15, F.S. Or, if this dosument is

If Changing Registered Agent, Signature of New Registered Agent

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	Sonia Ledesma	PO Box 261135	
		Tampa, FL 33685	_
			□Change
			□ Add
			□Remove
			□Change
			CiAdd
			□Remove
			□Change
			□Remove
			\toChange
			□Add
			Remove
			Change
			
			□Remove
			□Change

Effective date, if other than the date of filing: N/A (optional)	i -	N/A						
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Dated		December 8		2021				
ara Mar David	J.,		,		_ •			
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Filing Fee: \$25.00