## LC1000497873

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R. HUNT 0// 23/23

## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	rporations	,			
	SERVICES LLC				
SUBJECT:	Name of Lin	ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MARK HEBERT				
	<del></del>	Name of Person			
	MAEKO SERVICES LL	C			
		Firm/Company			
2279 ISLAND RUN					
	<del></del>	Address			
	WINTER PARK/FLORIDA 32792				
		City/State and Zip Code			
	MARKH@MAEKOSERV	ICES.COM to be used for future annual report not	(Continue)		
For further information of	concerning this matter, please c	•	meanon)		
	oncerning this matter, prease c				
MARK HEBERT		407 9675889 at ()			
Name o	of Person	Area Code Daytin	ne 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 Address Registration		Street Address: Registration Se	ection		
Division of C		Division of Corporations			
P.O. Box 632		The Centre of			
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAEKO SERVICES LLC		
(Name of the Limited L (A F	Jability Company as it now appears on our records.)  Torida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L21000497873	lity Company were filed on 11/19/2021 and assignment.	gned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e 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	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our records, <u>enter the name of the new</u> ere:	register
Name of New Registered Agent:		<u>-</u>
New Registered Office Address:		
	Enter Florida street address	`
_	, Florida	
_	City Zip 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, 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	KARLA HEBERT	2279 ISLAND RUN	■Add
		WINTER PARK FLORIDA 32792	□Remove
			□Change
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			□Remove
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If an eff Note:	tive date, if other than the fective date is listed, the date mu.  If the date inserted in this benent's effective date on the I	st be specific and lock does not r	g: d cannot be prior neet the applic	to date of filing o able statutory fi	more than 90 days a		
e recor rd is fi	rd specifies a delayed effecti iled.	e date, but not	t an effective ti	me, at 12:01 a.r	n. on the earlier of	(b) The 90th da	y after the
Dated	JANUARY 20TH	<del></del>	, 2023				
	Ma	A			ve of a member		·
	•	Signature of a					
			member or author	orized representat	ive of a member		