

172000067827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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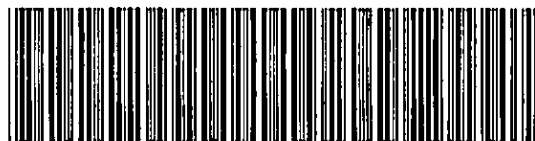
(Business Entity Name)

(Document Number)

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04/18/22--01049--011 **25.90

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 APR 18 AM 11:54

T. MATTHEWS

MAY 25 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MACRIO INVESTMENTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIOVANNI CARTER

Name of Person

MACRIO INVESTMENTS LLC

Firm/Company

3766 COLLINGWOOD LANE

Address

OVIEDO, FL 32765

City/State and Zip Code

TIOVANNICARTER@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIOVANNI CARTER

904 7078331
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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**

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
22 APR 18 AM 11:54

MACRIO INVESTMENTS LLC

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

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 9, 2022 and assigned
Florida document number L22000067827.

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:

3766 COLLINGWOOD LANE

(Principal office address MUST BE A STREET ADDRESS)

OVIEDO, FL 32765

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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>	<u>Address</u>	<u>Type of Action</u>
MGR	TIOVANNI CARTER	1300 CLOVERLAWN AVE	<input checked="" type="checkbox"/> Add
		ORLANDO FL. 32806	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LACRESHA CARTER	1300 CLOVERLAWN AVE	<input type="checkbox"/> Add
		ORLANDO FL. 32806	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LACRESHA MARTIN	1300 CLOVERLAWN AVE	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32806	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

no other changes except the
address correction, ^{member} name addition, and
member name correction

E. Effective date, if other than the date of filing: _____ (optional)

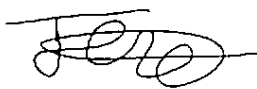
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

Today's date is 4/14/22



Signature of a member or authorized representative of a member

JEREMIAH ADJEI

Typed or printed name of signee