L22000075171

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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SECSETARY DESTATE

COVER LETTER

TO: Registration S Division of Co				
	J SERVICES LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	unitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	MARJIORI ANDREWS			
		Name of Person		2022 J SECA TALLA
		Firm/Company		UL 2 VHAS
	10224 CHARLESTONE C	CORNER		
		Address		CO200
	TAMPA, FL 33635			. Om ≠
	MARJIORI.ANDREWS@	City/State and Zip Code		
	=	to be used for future annual report noti	ification)	
For further information	concerning this matter, please c	all:		
MARJIORI ANDREW	S	813 503-2737		
Name	of Person		e Telephone Number	_
Enclosed is a check for	the following amount:			
SQ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addre Registration Division of O P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	rporations	
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 8 - 32303	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACARU SERVICES LLC		
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	, on our records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{02}{1}$. Torida document number $\frac{1.22000075171}{1}$.	15/2022 and assi	gned
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability company he	<u>re</u> :	
he new name must be distinguishable and contain the words "Limited Liability Company," the de	signation "LLC" or the abbreviation "LL	C."
nter new principal offices address, if applicable:	17AC	
Principal office address MUST BE A STREET ADDRESS)		
	APE JUL	
	27 ASS	
nter new mailing address, if applicable:	76-1 715 23 70 99	
Mailing address MAY BE A POST OFFICE BOX)	رب بن	
Mulling dudress WAT BL AT OST OTTICL BOX		
		
. If amending the registered agent and/or registered office address on our re	ecords, enter the name of the new	regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	ida street address	•

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.

City

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
MGR	RODRIGUEZ CARLOS	10224 CHARLESTON RD	□Add
		TAMPA, FL 33635	□Remove
			■ Change
			DAdd
			Remove SE CO
			QChange ASS DAdd Remove
			□ Change
			□Add
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ective date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date of	(optional)
e: If the date inserted in this block does not meet the applicable statu	filing or more than 90 days after filing.) Pursuant to 605.020 ntory filing requirements, this date will not be listed a
ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12	101 a.m. on the varior of the The Outh day offer th
s filed.	
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ed MAY 24 . 2022	
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Typed or printed name of signee