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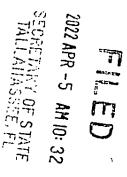
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COVER LETTER

	Registration So Division of Cor		•	
SUBJEC	MACOP1.			
SUBJEC	T:		ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspe	ondence concerning this matter	to the following:	
		LEONARDO I MOLINA	GONZALEZ	
			Name of Person	
		MACOPILIC		
			Firm/Company	
		18117 BISCAYNE BLVD	3112	
			Address	
		AVENTURA, FL 33160		
			City/State and Zip Code	
		USTUEMPRESA@GMAII		
		E-mail address: (to be used for future annual report no	ification)
For furthe	r information c	concerning this matter, please c	all:	
LEONAR	DOTMOLIN	A GONZALEZ	786 340-0372	
	Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed i	is a check for t	he following amount:		
■ \$25.0	0 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)
	lailing Addres		Street Address:	sarian
Registration Section Division of Corporations		Registration Se Division of Co		
13	P.O. Box 632	.7	The Centre of	Tallahassee
Ί	'allahassee, i	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MACOP LLC (Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company) SECRETARY OF STATE
TALLAHASSEMMARSigned The Articles of Organization for this Limited Liability Company were filed on $\frac{03/03/2022}{}$ Florida document number <u>L22000110855</u> 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NA 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: NA Name of New Registered Agent: NA New Registered Office Address: Enter Florida street address ___. Florida ^{NA} Zip Code NA

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>	Type of Action
AMBR	CARLOS HERNANDEZ	18117 BISCAYNE BLVD, #3112	≣ Add
		AVENTURA, FL 33160	□Remove
			□ Change
AMBR	ANGEL ALFONZO	18117 BISCAYNE BLVD. #3112	■Add
		AVENTURA, FL 33160	□Remove
			□Çhange
NA ————	NA	NA	□ Ádd
			□Remove
			Change
NA ———	NA	NA	
			Remove
			□Change
NA	NA	NA	□Add
			; □Remove
			□Change
NA	NA	NA	□ Add
			□Remove
			□ Change

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`an eff <u>Note:</u>	date, if other than the date of filing: NA (optional) we 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
e red The	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	ARCH 31TH 2022
	Leonardo Molina
	Lionardo Molina
	Signature of a member or authorized representative of a member