Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000126746 3)))



H220001267463ABC/

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007 Phone : (786)845-8854 Fax Number : (321)473-3052

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail Address: Jessica torres @ Taxco

2022 APR -7 AM 8: 41
SECRETARY OF STATE
TALLAHASSET, FLORIS

APR -7 AM 9: 12

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAAREE LLC

Certificate of Status	0
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J. HORNE

APR - 8 2022

COVER LETTER

TO:		stration Sect sion of Corpo				
SUBJEC		MAAREE LI	.c			
SUBJE	C1: _		Name of Lim	ited Liability Company		
The anal	أممما	Amialaa of A	mondment and fee(s) are sub-			
			mendment and fee(s) are sub	_		
riease re	eturn a	iii correspond	lence concerning this matter	to the following:		
			JESSICA TORRES			
				Name of Person		******************************
			TAX CARE CELEBRAT	101		
				Firm/Company		· · · · · · · · · · · · · · · · · · ·
			1400 NW 107TH AVE ST	TE 203		
			Address			
			SWEETWATER FL 33183 City/State and Zip Code			
			JESSICA.TORRES@TAX			
			E-mail address: (to be used for future annual repo	ort notification)	
For furth	er inf	ormation con	cerning this matter, please co	all:		
JESSIC.	A TO	RRES		786 845-88	354	
		Name of P	erson		Daytime Telepho	one Number
Enclosed	l is a c	check for the	following amount:			
■ \$ 25.	.00 Fil	ing Fee	S30.00 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)
		ng Address:	atia-	Street Addre		
	_	stration Secsion of Cor		Registration Division o	on Section f Corporatio	ins
	P.O.	Box 6327	•		of Tallahas	
	Talla	ahassee, FL	. 32314	2415 N. M	onroe Street	t, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAAREE LLC		7¥.c ≈
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.)	<u> </u>
(A Florida Limited L	tability Company)	<u>≯</u> ≈ ≯ ⊤י
	02 00 0000	- 第2 × 二
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L22000129297		
		유 육 📜
This amendment is submitted to amend the following:		E S S S S S S S S S S S S S S S S S S S
•		
A. If amending name, enter the new name of the limited liabil	lity company here:	
MAAREE PR LLC		
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		/
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter th</u>	e name of the new register
New Registered Office Address:	E . El . H	
	Enter Florida street address	
	, Floric	da .
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		·
itew Registered Agent a Signature, it changing Registered Agent.		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and i rovided for in Chapter 605, F.S	l am familiar with and S. Or, if this document is he limited liability
	-	

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>	Name	Address	Type of Action
	no en	Address alges	
			□Кетюче
***************************************			🗆 Add
			□Remove
			□Change
			🗆 ۸dd
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If an eff <u>Note:</u>	ive date, if other than the date of filing: (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
e recor rd is fi	rd 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 led.
_	APRIL 6 2022
Dated	Jashulatoble)
Dated	Signature of a member or authorized representative of a member

EW E esca