## L22000275470

(Regi	uestor's Name	<del>,</del>
(1040		•
(Addr	ess)	
(Addr	ess)	
Cibd	State/Zip/Phor	
(City)	State/Zip/Filor	ie #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ıment Number	·)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	
, ,		
L Amend,		

Office Use Only



600392327766

Jan 11, 21 -- 1000 -- Jan ++20.00

2022 AUG 15 PM 2: 23 I

FILED
SECRETARY OF STATE
OF CORPORATION

1 DET 1 1972

## **COVER LETTER**

то;	Registration Se Division of Co				
STID IL	CT:	MACIE	EL GROUP LLC		
.,,,,	.c.r.	Name of Lin	nited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			FERNANDO A MACIEL		
			Name of Person		•
			MACIEL GROUP LLC		
			Firm/Company		
			6530 HIDDEN BEACH CIR	1	
		<del></del> -	Address		•
			ORLANDO FL 32819		
			City/State and Zip Code		
			JANAKARFITSAS@GMIA		
		E-mail address: (	to be used for future annual repo	rt notification)	
For fur	ther information c	concerning this matter, please c	all:		
	JULIANA KARF	TTSAS	321	436-5110	
	Name o	of Person	Area Code E	Daytime Telephone Number	
Enclose	ed is a check for t	he following amount:			
<b>≡</b> \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certifica n Certified	te of Status &
	Mailing Address Registration		<u>Street Addre</u> Registratio		
	Division of C		_	n Section Corporations	
	P.O. Box 632	27	The Centre	of Tallahassee	
	Tallahassee,	FL 32314	2415 N. M	onroe Street, Suite 8	10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M	ACIEL GROUP LLC		
(Name of the Limited	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	·····
The Articles of Organization for this Limited Liab Torida document number		06/16/2022	and assigned
his amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	he limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company." the de	esignation "LLC" or the c	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		poords ontar the na	
B. If amending the registered agent and/or reagent and/or the new registered office address		ecords, enter the na	me w the new region
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ada street address	
		Florida _	Zip Code
	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	LARISSA MIRANDA LESSA	6530 HIDDEN BEACH CIR	
		ORLANDO FL 32819	
			□Change
			□Add
		□Remove	
		[]Change	
	<del></del>		🗆 🗅 Add
			□Remove
		Change	
			□Add
			□Remove
			□ Change
			□Add
			[]Remove
			□Change
			□Add
			□Remove
			<del></del>

	REMOVE SECTO LARISSA MIRANDA LESSA
	Ambr
(H'an ef <u>Note:</u>	tive date, if other than the date of filing:
the reco	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 iled.
Dated	August 9 2000
	Signature of a member or authorized representative of a member
	humana Maail

Filing Fee: \$25.00