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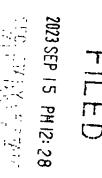
(R	equestor's Name)	
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(C	ity/State/Zip/Phone #)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	<u> </u>
(2	someoo Emily Hamo,	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	NTANA LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anna Koroleva		
		Name of Person	
	Protax Center Inc		
		Firm/Company	·-
	1679 E 19th St, STE 2A		
		Address	
	Brooklyn, NY 11229		
	.	City/State and Zip Code	-
	info@protaxeenter.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Anna Koroleva		718 645-0500 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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		Street Address:	oction
Registration Section Division of Corporations		Registration So Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

City	Zip Code
ST. PETERSBURG	Florida 33702
Enter Flo	orida street address
7901 4TH ST N, STE 300	
MAAG GROUP INC	
ess here:	
registered office address on our	records, enter the name of the new registo
	28
<u> ΕΒΟΧ)</u>	+ • •
	- 100 B
	on [
	2023 SEP
ET ADDRESS)	2033
icable:	
words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C.
1. 01 1. 1. 1. 1. 1. 1. 2	deimin at 100
of the limited liability company h	ere:
llowing:	
Elability Company were fred on _	and assigned
Liability Company were filed on 0°	7/21/2022 and assigned
(A Florida Limited Liability Company)	rs on our records.)
ited Liability Company as it now apper	rs on our records.)
	ET ADDRESS) registered office address on our ess here: MAAG GROUP INC 7901 4TH ST N, STE 300 Enter Fla ST. PETERSBURG

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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALON MAMAN	3990 HYDE PARK CIRCLE	□Add
		HOLLYWOOD FL 33021	■Remove
		-	□Change
MGR	MAAG GROUP INC	7901 4TH ST N	■Add
		STE 300	□Remove
		ST. PETERSBURG FL 33702	□Change
			□Add
			□Remove
			Change
			
			□Remove
			
			Remove
			□Change
			□Add
			□Remove
			□Change

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ective date, if other than the d	ate of filing:		(optional)	
effective date is listed, the date must b	e specific and cannot be price	or to date of filing or more the	nan 90 days after filing.) Pursuant to 605, juirements, this date will not be liste	.020 <mark>7</mark> vl.as
rument's effective date on the Dep			furements, this date with not be liste	
cord specifies a delayed effective of sfiled.	late, but not an effective	time, at 12:01 a.m. on th	ne earlier of: (b) The 90th day after	r the
ed SEPTEMBER 1	2023	·		
	0			

Typed or printed name of signee