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### TO: Registration Section Division of Corporations

SUBJECT: MAKA INDUSTRIES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	-	-		
	MARIA D OROZCO			
		Name of Person		
		Firm/Company		
	621 NW 158 EN		ET 13 2022 NOV 16 SECRETATION	
		Address		
	PEMBROKE PINES, FL .		6	
City/State and Zip Code karla@makaindustries.com			معمد بي ٢٠٠٠ ا	
For further information e	E-mail address: ( oncerning this matter, please c	to be used for future annual report notification all:		
MARIA D OROZCO	e · · · · ·	954- 980-9685 at ()		
Name o	f Person	Area Code Daytime Telep	hone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & [ Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>	
Mailing Addres		<u>Street Address:</u> Registration Section		
Registration Section Division of Corporations		Division of Corporat		
P.O. Box 6327		The Centre of Tallah		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### MAKA INDUSTRIES LLC

#### (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/12/2022	and assigned
Florida document number L22000396391	

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)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
-	City	, Florida 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

## MGR = Manager

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AMBR = Authorized Member

<u>Title</u>	Name	Address	<b>Type of Action</b>
AMBR	KARLA M OROZCO	621 NW 158 LN	■Add
		PEMBROKE PINES .FL 33028	🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			GRemove L GRemove L GRemove L GRemove L GRemove L
			Ghange GGhange □Add
			🗆 Remove
			🗆 Change
			🗆 Add
			🗆 Remove
			Change
			🗌 Add
			🗆 Remove
			🖾 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_\_(optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated	November 10th 2022
	Signature of a member or authorized representative of a member
	- Maria D Done
	Typed or printed name of signee

Filing Fee: \$25.00