L22000417436

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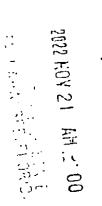
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COVER LETTER

TO:

TO: Registration Division of C			
	S SHOWMAKERS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	GEORGINA M ROS AR	ΓΑΥΕΤΑ	
		Name of Person	
	MAC ROS SHOWMAKE	RS LLC	
		Firm/Company	
	157 RIVER ROAD		
		Address	
	FLEMINGTON, NJ 0882	2	
		City/State and Zip Code	
	Jdisalvo@d-acpa.com F-mail address: (to be used for future annual report notification	<u> </u>
For further information	concerning this matter, please c	•	,
GEORGINA M ROS	ARTAYEFA	561 659-1177	
Name	of Person	Area Code Daytime Telep	hone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAC ROS SHOWMAKERS 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 __09/26/2022 and assigned Florida document number _____1.22000417436 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 "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 address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 t 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
<u>. </u>			□ Add
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Change
AMBR	PEDRO MACFARLANE	157 RIVER ROAD	□Add
		FLEMINGTON, NJ 08822	□Remove
			□ Add
			Remove
			\ \ \ Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change

 	Signature of a member or authorized represe	ntative of a member
Dated October 27th	. 2022	
ord is filed.		a.m. on the earlier of: (b) The 90th day after the
Note: If the date inserted in this b document's effective date on the D	lock does not meet the applicable statutor	y filing requirements, this date will not be listed a
Effective date, if other than the	e date of filing:	optional) ng or more than 90 days after filing.) Pursuant to 605.020
		
		

Filing Fee: \$25.00