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COVER LETTER

· TO:

Registration Section

Div	ision of Cor	porations					
SUBJECT:	Name of Limited Liability Company						
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Delarosa, Evely					
			Name of Person				
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: Delarosa. Evely							
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Delarosa, Evely							
		•	Address				
		Zellwood, FL 32798					
			City/State and Zip Code	 			
		E-mail address: (to be used for future annual report not	-Com			
For further in	nformation c	oncerning this matter, please c	all:				
Delarosa, E							
	Name o	f Person	Area Code Daytin	ne Telephone Number			
Enclosed is	a check for th	ne following amount:					
■ \$25.00 I	Filing Fee		Certified Copy	Certificate of Status & Certified Copy			
				ection			
Di	vision of C	orporations	Division of Co	rporations			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACA 2022, 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 $\underline{\underline{10707/2022}}$ and assigned Florida document number <u>L22000434435</u> 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
MGR	JUAN YGLESIAS	5702 Jacqulyn DR	□ Add
		ZELLWOOD 32798	■Remove
			□Change
MGR	JUSTIN SHROUDER	5702 Jacqulyn DR	■Add
		ZELLWOOD 32798	□Remove
			□Change
			□ Add
			□Remove
			□Change
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