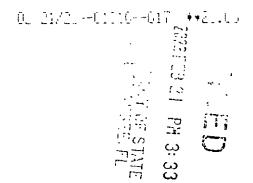
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COVER LETTER

TO:

Registration Section

Division of Corporations Mako Acquisitions LLC SUBJECT: 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: Alejandro Nino Name of Person Mako Acquisitions LLC Firm/Company 4767 New Broad St Address Orlando, FL 32814 City/State and Zip Code aninoflbiz@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kurt Becker Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. □ \$30.00 Filing Fee & S25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Mako Acquisitions LLC	Liberia Communication of the c	manamila)
(Name of the Limited)	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab Florida document number <u>L220005</u>		and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
		73 13 2
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation	
Enter new principal offices address, if applicable	le:	<u> </u>
(Principal office address MUST BE A STREET A	4DDRESS)	PH 3 33
Enter new mailing address, if applicable:		· ·
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		<u> </u>
B. If amending the registered agent and/or regi agent and/or the new registered office address b	· ·	enter the name of the new regi
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street	address
	Enter Florida street	address . Florida

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</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	BNN Investments LLC	30 N Gould St Ste N Sheridan, WY 82801	□Add
			Remove
			□Change
<u>NGRM</u>	BBN Investments LLC	30 N Gould St Ste N Sheridan, WY 82801	Ĩ X Add
			□Remove
			□Change
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