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COVER LETTER

Registration Section Division of Corporations

TO:

CUDICOT.	MAKEDON	Enterprise LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Jenssy Hernandez	
		Name of Person	
		TruPro Elites	
		Firm/Company	
	33	43 Peachtree rd ste145-349	• v
		Address	
		Atlanta, GA 30326	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please ca		· · · · · · · · · · · · · · · · · · ·
Jenssy Hernandez		609-325-89	
Name o	f Person	at () 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 Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAK	EDON Enterprise LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now apper imited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Con	npany were filed on _	December 27, 2022	and assigned
Florida document number	,		-
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company	here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			•
(Principal office address MUST BE A STREET ADDRE.	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>	

B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our	records, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	orida street address	
	 Citv	, 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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Vladimir Danev		□Add
		3148 Van Buren Ave Naples FL 34112	Z Remove
			□Change
			□Add
			Remove
			□ Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
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lf an effe <u>Note:</u>	ve date, if other than the datective date is listed, the date must be solf the date inserted in this block cent's effective date on the Depart	specific and cannot be price does not meet the application.	icable statutory filing r	(optional) than 90 days after filing.) Pequirements, this date w	ursuant to 605.0207 Il not be listed as t
rd is file				the earlier of: (b) The S	Oth day after the
	17-28-2023	·	··		
Dated _		1			
Dated _	مگير	my	<u> </u>		
Dated _	12-28-2023	nature of smember or aut	horized representative of	a member	