

L23000 182 060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

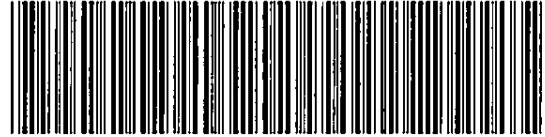
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/06/23--01012--006 **30.00

2023 OCT -6 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Macchinero 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:

Guycelo Robert

Name of Person

Macchinero LLC

Firm/Company

407 Linclon Rd Suite 6H

Address

Miami Beach, FL 33139

City/State and Zip Code

guycelo.robert@macchinero.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guycelo Robert

888
at ()

342-1791

Name of Person

Area Code

Daytime Telephone Number

SECRET
TALLAHASSEE, FL
2023 OCT -6 PM 10:31

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Herold Cherry	12801 SW 216th Terrace	<input type="checkbox"/> Add
		Miami, FL 33170	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Martine David	1000 Brickell Avenue Suite 715	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF THE
TALMAGE

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

Email Address: guycelo.robert@macchinero.com

Phone number: (888) 343-1791

2023 OCT -6 AM 10:31
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/11/2023 BY 60322
10/11/2023

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 Friday, August 18th, 2023



Signature of a member or authorized representative of a member

Guycelo Robert

Typed or printed name of signer