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 | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

| Macchinero SUBJECT: | 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 | ondence 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 | | | |
| | <u>-</u> | City/State and Zip Code | 202; | |
| | guycelo.robert@macchinere | | PRE- | |
| | E-mail address: (| to be used for future annual report not | ification) | |
| For further information c | concerning this matter, please c | all: | | |
| Guycelo Robert | | 888 342-1791 at () | 2023 OCT -6 1.4 10:3 | |
| 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) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailing Address Registration S Division of C P.O. Box 632 | Section Corporations | Street Address: Registration Se Division of Co The Centre of | rporations | |
| Tallahassee, FL 32314 | | 2415 N. Monro | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Macchinero LLC | | |
|--|--|--|
| (Name of the Limited Liability Co (A Florida Lim | ompany as it now appears on our records.) mited Liability Company) | |
| The Articles of Organization for this Limited Liability Comp | pany were filed on April 12, 2023 and assigned | |
| lorida document number L23000182060 | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited | liability company here: | |
| he 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: | 47 Lincoln Rd Suite 6H Miami Beach, FL 33139 | |
| Principal office address MUST BE A STREET ADDRES. | <u></u> | |
| | 202 3E1 | |
| Enter new mailing address, if applicable: | 47 Lincoln Rd Suite 6H Miami Beach, FE 33139 | |
| Mailing address MAY BE A POST OFFICE BOX) | 10.7 | |
| | | |
| | | |
| | fice address on our records, enter the name of the new regist | |
| gent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Florida, Florida | |

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 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 | Herold Cherry | 12801 SW 216th Terrace | □ Add |
| | | Miami, FL 33170 | = Remove |
| | | | □Change |
| MGR | Martine David | 1000 Brickell Avenue Suite 715 | BAdd |
| | | Miami, FL 33131 | □Remove |
| | | | □Change |
| | | | □Add |
| | | SECRETARY TALLARY | |
| | | 14.10.31 SEE: 17.7E | Genange |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | |
| | | | □Remove |
| | | | □Change |

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 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 signee

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