## L23000282991

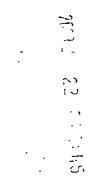
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## **COVER LETTER**

	ion Section of Corporations	<i>+</i> 1/	
SUBJECT:	MAKI-	-Sloce // C	)
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Artic	eles of Amendment and fee(s) are sub	omitted for filing.	
Please return all co	orrespondence concerning this matter	to the following:	
	Lovisia	iste Francoi	Ŝ
		FirmvCompany	
	3423	Clation Dr.	<u> </u>
	Green Cou LouisiasteFs	City/State and Zip Code  City/State and Zip Code  Comality Com  (to be used for future annual report not)	<u> 32043</u>
For further informa	n-mail address: i		neation
Louis	aste François	at ( <u>954</u> ) <u>400</u> 8 Area Code Daytim	2262 e Telephone Number
Enclosed is a cheel	k for the following amount:		
□ \$25.00 Filing	Fee S30.00 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)
<u>Mailing A</u> Registra	Address: ition Section	<u>Street Address:</u> Registration Se	ction
Division	of Corporations	Division of Cor	porations
P O Bo	x 6327	The Centre of T	'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

MAKI-Store	110	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our l Liability Company)	records,)
The Articles of Organization for this Limited Liability Company	were filed on 06-1	9-23 and assigned
Florida document number <u>123000282991</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company " the designation	"I I C" or the abhreviation "I I C"
	my company. The designation	ELC of the home matter.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		T, #
		· · ·
Enter new mailing address, if applicable:		. ភ្នំ
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, g	enter the name of the new registere
New Registered Office Address:		
	Enter Florida street .	uddress
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent	•	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	- ree to act in this capacity performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
If Cha	nging Registered Agent, Signa	iture 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

Title	<u>Name</u>	Address	Type of Action
MGR	MAKINE D Francois	3423 alation Dr. Gorn Care strong FL 32043	KAdd
			□Remove
			□Change
			©Add
			□Remove
			UChange
			DAJd 3
			ÉRemové ►⊃
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				****	
If the date inse	ser than the date of filed, the date must be specificated in this block does no date on the Department of	ot meet the applicab		(optiona than 90 days after filir quirements, this da	ig.) Pursuant to 605
d specifies a de led.	layed effective date, but i	not an effective tim	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day afte
	<del></del>		• ·		
	,	7 -			
- · · · · · · · · · · · · · · · · · · ·	Makin Signature of	e V. tra	NLOIS		<del> </del>

Filing Fee: \$25.00