

10/23/23, 1:15 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : V & A BUSINESS SOLUTION INC  
Account Number : I20160000021  
Phone : (954)865-6607  
Fax Number : ~~(954)933-2534~~ 954-532-6987

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MAKATO INVESTMENTS LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAKATO INVESTMENTS 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:

IRNE TORRES CASTRO

Name of Person

MGR

Firm/Company

2500 CENTERGATE DR

Address

MIRAMAR, FL 33025

City/State and Zip Code

IRNE.TORRES@HOTMAIL.COM

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

For further information concerning this matter, please call:

IRNE TORRES CASTRO

954

826-4218

at ( )

Name of Person

Area Code

Daytime Telephone Number

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 32311

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAKATO INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/24/2023 and assigned  
Florida document number L23000347374.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2500 CENTERGATE DR APT 101

(Principal office address MUST BE A STREET ADDRESS)

MIRAMAR FL 33025

Enter new mailing address, if applicable:

1700 BANKS RD SUITE 50H

(Mailing address MAY BE A POST OFFICE BOX)

MARGATE, FL 33063

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

2500 CENTERGATE DR APT 101

Enter Florida street address

MIRAMAR

City

Florida 33025

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 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	IRNE TORRES CASTRO	2500 CENTERGATE DR APT 101	<input type="checkbox"/> Add
		MIRAMAR FL 33025	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Maria Camila Torres Bonilla	2500 CENTERGATE DR APT 101	<input type="checkbox"/> Add
		MIRAMAR FL 33025	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

[illegible]

**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.

Signature of a member or authorized representative of a member

IRNE TORRES CASTRO

Typed or printed name of signee