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Florida Department of State
Division of Corporations
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Account Name : TAXLEAF.COM INC
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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MAKEALA LLC

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To: CORPORATE AMENDMENT-
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Page: 6 of 6 2023-10-12 16:16:33 GMT 17867131940
9/28/2023 3:04:03 PM PAGE

From: TAXLEAF.COM INC CONTADORAMERICA.COM
1/001 Fax Server



September 28, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TAXLEAF.COM INC

SUBJECT: MAKEALA LLC
REF: L23000439963

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is too light and blurry to be properly scanned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

FAX Aud. #: H23000338705
Letter Number: 123A00022486

H23000338705 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAKELAY 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 09-21-2023 and assigned
Florida document number 1-23000439963

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:

(Principal office address MUST BE A STREET ADDRESS.)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX.)

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:

Enter State Address: _____

Florida

City:

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 603, 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

H23000338705 3

H23000338705 3

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	VALLINA, MARIA VALERIA	5537 SHELDON RD, SUITE E	☒ Add
		TAMPA, FL 33615	☐ Remove
			☐ Change
AMBR	MENDEZ, DIEGO EDUARDO	5537 SHELDON RD STE E	☐ Add
		TAMPA, FL 33615	☐ Remove
			☒ Change
AMBR	BALLETTI, GUSTAVO OSCAR	5537 SHELDON RD STE E	☐ Add
		TAMPA, FL 33615	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

H23000338705 3

