23000462965

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filotte #)
PICK-UP WAIT MAIL
(Business Entity Name)
(250,1000 2,1110,100,100,100,100,100,100,100,100,1
(Document Number)
Certified Copies Certificates of Status
Carriellar Company
Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE

2024 DEC -5 AM 10: 5

COVER LETTER

TO:

Registration Section
Division of Corporations

MacaronN	faestro. LLC				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Kanybek Nur-tegin				
		Name of Person		-	
	MacaronMaestro, LLC				
		Firm/Company		_	
	166 Milbridge Dr			دم م	
		Address	i y t	170 0217 0217	P***
	Jupiter, FL 33458			2021, DEC -5 AH 10: 55	
		City/State and Zip Code		- 其 是 ·5	1
	kanybek@gmail.com			중국 폭	
	E-mail address: (to be used for future annual report notif	ication)	[14] 호	•
For further information	concerning this matter, please c	all:		775	
Kanybek Nur-tegin		561 972-0347			
Name	of Person	Area Code Daytime	: Telephone Numbe	r	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe	porations allahassee	310	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MacaronMaestro, LLC			
(Nume of the Limited (A	Liability Company as it Florida Limited Liability	now appears on our record Company)	<u>is.</u>)
The Articles of Organization for this Limited Liab	ility Company were fi	iled on October 6, 2023	and assigned
Florida document number L23000462965	·		
his amendment is submitted to amend the follow	ng:		
a. If amending name, enter the new name of th	e limited liability co	mpany here:	
N/A			
he new name must be distinguishable and contain the word	s "Limited Liability Com	pany," the designation "LLC	
Enter new principal offices address, if applicab	e: <u>N/A</u>		2021 SEE
Principal office address MUST BE A STREET	ADDRESS)		APP OF THE
	-		27 h
Enter new mailing address, if applicable:	N/A		TASE TO THE
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			in or
3. If amending the registered agent and/or registered and/or the new registered office address I Name of New Registered Agent:		s on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent.	•		
New Registered Office Address:		Enter Florida street addres	55
			orida
	Cit	y	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Suat Aslan	2426 Treasure Isles Dr	
		West Palm Beach, FL 33410-1348	≣Remove
			□Change
			□Add
			□Remove
			SECRE AR
			ARY Compange
		·	□Remove
			□Add
		······	□Remove
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			□Change

Page 2 of 3

N/A				
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot lee: If the date inserted in this block does not meet the ument's effective date on the Department of State's re-	applicable statutor	ig or more than 90 day	(optional) es after filing.) Pursu	iant to 60
record specifies a delayed effective date, b he 90th day after the record is filed.	out not an effect	tive time, at 12	:01 a.m. on th	ne earl
November 30 2024	ļ			
A.	XHS.			
Signature of a member	or authorized represe	ntative of a member		
Wignestow W. A. Hieritzer	to make to represe			

Filing Fee: \$25.00