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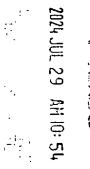
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(Requestor's Name)
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COVER LETTER

10: Registration Se Division of Cor						
CHARGE		MAKTUB INVEST 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	indence concerning this matter	to the following:				
	FAC	UNDO GASTON RAINONE				
	Name of Person					
						
	·					
		f				
	EDNA.CONS		-			
		to be used for future annual report notific	cation)			
For further information c	oncerning this matter, please c	alt:		•		
FACUNDO G. RAINONE		561 6030427 at ()		. 1		
Name of Person			Telephone Number			
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Sect	tion			
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

2024 JUL 29 AM 10: 54

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MAKTUB IN	VEST LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited)	nv as it now appears on our reco Liability Company)	rds.)		
The Articles of Organization for this Limited L Florida document number <u>L24000078684</u>	iability Company	were filed on 02/13/2024		and assigned	
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company here:			
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company." the designation "L	LC" or the abbrevi	ation "L.1C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2320 HOLLYWOOD BLVI)		
		HOLLYWOOD, FL 33020			
Enter new mailing address, if applicable:		8908 TAFT STREET		2024	
(Mailing address MAY BE A POST OFFICE BOX)		PEMBROKE PINES, FL 33	024	UL 29	
B. If amending the registered agent and/or	manistaned office	address on our researds and	or the sums of	<u> </u>	
agent and/or the new registered office addre	ess here:	address on our records. <u>enc</u>	er the name of	. τ. Ω	
Name of New Registered Agent:	FACUNDO GASTON RAINONE				
New Registered Office Address:	8908 TAFT STREET Finter Florida street address				
	PEMBROKE PINES		, Florida ³³⁰²⁴		
	City	Zin 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.

Sex a Hadled
If Changing Registered Agent, Signature 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 **Type of Action** <u>Address</u> Name Title □Remove ____ Change Remove □Remove _ Change Remove _____ Change

□Remove

_____ Change