L24000101956

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SECT. TARY OF STATE

June 25, 2024

Department of the Treasury Internal Revenue Service Cincinnati, OH 45999-0023

EIN Number: 99-1588247

RE: Chane the name of my company on my EIN

Makarios LLC Catherine E Karas 2614 Tamiami Trail N Postal Mailbox 535 Naples, Florida 34103

To Whom it may Concern,

I am writing this letter to ask that you change the name of my company on my EIN from Makarios Property Investments LLC to just Makarios LLC.

An amendment for the Articles of Incorporation for the state of Florida are attached.

If any further information is needed, please reach me through US Mail at the address listed above.

Sincerely,

Catherine E Karas

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:		S PROPERTY INVESTMENT	rs llc			
SUBJECT.	•	Name of Lim	ited Liability Company			
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		CATHERINE KARAS				
			Name of Person			
		MAKARIOS PROPERTY	INVESTMENTS LLC			
			Firm/Company			
	2614 TAMIAMI TRAIL N, POSTAL BOX 535					
	NAPLES. FLORIDA 34103					
		·-··	City/State and Zip Code			
			VESTMENTS@GMAIL.COM			
			to be used for future annual report no	tilication)		
For further i	information c	oncerning this matter, please ca	all:			
CATHERIN	NE KARAS		386 956-0892 at ()			
•	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is	a check for th	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)		
	ailing Addres		<u>Street Address:</u> Registration S	ection		
Di	vision of C	Corporations	Division of Corporations			
Ρ.0	O. Box 632	27	The Centre of	I allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAKARIOS PROPERTY INVESTMENTS LLC				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L24000101956	were filed on 02/27/2024 and as	signed		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
MAKARIOS LLC				
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L	.L.C."		
Enter new principal offices address, if applicable:	2614 TAMIAMI TRAIL N			
Principal office address MUST BE A STREET ADDRESS)	POSTAL MAILBOX 535			
	NAPLES, FLORIDA 34103			
Enter new mailing address, if applicable:	2614 TAMIAMI TRAIL NORTH			
Mailing address MAY BE A POST OFFICE BOX)	POSTAL MAILBOX 535			
	NAPLES, FLORIDA 34103			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the ne</u>	<u>v regist</u>		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Florida Zip Code	·		
	zip Code			

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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, 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>	Address	Type of Action
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			□Rетюче
			□ Change
			□Add
			□Remove
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			□Remove
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ectiva	data if ath	or than the d	ate of filing:	96/25/2024			(optional)	
effecti <u>e:</u> If	ive date is listed the date inser	, the date must bed in this bloc	e specific and car	nnot be prior to et the applicabl	date of filing or m le statutory filin	nore than 90 da ng requiremer	vs after filing.)!	Pursuant to 605.020 rill not be listed a
cord s		wed effective	date, but not an	reffective time	e, at 12:01 a,m.	on the earlie	rof:(b) The	90th day after the
ed	9/18/	24						
		<u> </u>	ignature of a me	mber or authori	zed representative	e of a member		-

Typed or printed name of signee