

L24 000 200 167

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



800432742268

07/10/24--01035--028 **25.00

2024. TO FIT 3: 02

COVER LETTER

	Registration Se Division of Cor			
SUBJEC	MAFAC G	logal LLC		
SOBJEC	···	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Patrick Cooper		
			Name of Person	
		Simplified Global LLC		
			Firm/Company	
		777 Brickell Ave #500-95.	344	
			Address	
		Miami, FL 33131		
		matrial Gainerale and	City/State and Zip Code	
		patrick@simpglo.com E-mail address: (to be used for future annual report notif	ication)
For furthe	er information co	oncerning this matter, please ca	all:	
Patrick C	Cooper		305 204-1369	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAFAC Glogal 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	were filed on 05/02/2024	and assigned
lorida document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ollity company here:	
MAFAC GLOBAL LLC		
he new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or	the abbreviation "L.L,C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		20
		~ <u>?</u>
		\.
nter new mailing address, if applicable:		· · ·
Mailing address MAY BE A POST OFFICE BOX)		-p :
		့
		02
i. 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</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
·	Cin	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, 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
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			Remove
			Change
			
			□Remove
			□Change
			□ Add
			□Remove
			□ Change

_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
If an effect Note: It	e date, if other than the date of filing:
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
Dated _	June 27 2024
	the distance of the second
	Signature of a member or authorized representative of a member
	Basel Adam Sharaf
	Typed or printed name of signee

Filing Fee: \$25.00