## L24 000 282 761

(Requ	estor's Name)		
(Addre	ess)		
(Addre	ess)		
(City/S	State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Busin	ess Entity Nam	e)	
(Docui	ment Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			





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## **COVER LETTER**

TO: Registration Se Division of Cor				
	erprise 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	ondence concerning this matter	to the following:		
	Mark Medina			
	Name of Person			
	MAPD Enterprise LLC			
	Firm/Company			
	11214 SW 156th Pl			
		Address		
	Miami, FL 33196			
		City/State and Zip Code		
	mark.medina84@gmail.com		<u>_</u>	
	E-mail address: (	to be used for future annual report no	tification)	
For further information of	concerning this matter, please c	all:		
Mark Medina		786 487-5135		
Name of Person		Area Code Dayti	me Telephone Number	
Enclosed is a check for the	he 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		Street Address: Registration S	ection	
Registration Section Division of Corporations			Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monr	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAPD Enterprise LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records Liability Company)	<u>r.)</u>
he Articles of Organization for this Limited Liability Company	were filed on 6/21/2024	and assigned
lorida document number L24000282761		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	pility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	
inter new principal offices address, if applicable:		24
Principal office address MUST BE A STREET ADDRESS)		
		5 F
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		ည္း ယ
B. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter</u> (	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u>.                                    </u>
	, Flo	orida 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 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>	Name	Address	Type of Action
MGR	Yanet Campos	<u></u>	□Add
		11214 SW 156th Pl Miami, FL 33196	Remove
			□Change
			□Remove
			□Change
			□Add
			□ Remove
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