

M180000000071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

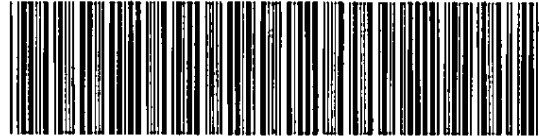
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SECRETARY OF STATE
SECTION OF CORPORATIONS
2022 AUG 22 AM 9:15

J DENNIS
NOV 10 2022

COVER LETTER

TO: Registration Section
Division of Corporations

MAKO INSURANCE AGENCY LLC

SUBJECT: _____
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARARDO M MARVEZ

Name of Person

MAKO INSURANCE AGENCY LLC

Firm/Company

9250 W HARBOR DRIVE SUITE 3a

Address

BAY HARBOR ISLANDS, FL 33154

City/State and Zip Code

YM@MAKOBHINSURE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARARDO M MARVEX 646 492-2977

Name of Person

at (_____) _____
Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
MAKO INSURANCE AGENCY LLC
State: _____

Enter new principal office address, if applicable: 9250 W BAY HARBOR DRIVE , SUITE 3A
BAY HARBOR ISLANDS, FL 33154
(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: SAME
(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M18000000071

3. Jurisdiction of its organization: WYOMING

4. Date authorized to do business in Florida: JANUARY 2 2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: SHELDON D GITTLESON CPA
New Registered Office Address: 1100 NE 163RD STREET

MIAMI Enter Florida Street Address 33163
City, Florida 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.

SHELDON GITTLESON


If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
NO

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GARARDO MARVEX	5370 W 38 WAY 33312	<input checked="" type="checkbox"/> Add
		FT. LAUDERDALE, FL	<input type="checkbox"/> Remove
MGR	JULIE TANNER	6526 OLD BRICK RD 120-230	<input type="checkbox"/> Add
		WINDERMERE, FL 347	<input checked="" type="checkbox"/> Remove
		86	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Julie Tanner
Typed or printed name of signer

Filing Fee: \$25.00