Division of Corporations

M19000004432

Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAKAI SOUTHEAST LLC

Certificate of Status	0
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K. SALY
AUG 27 2019

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 State: MAKAI SOUTHEAST LLC

Enter new principal office address, if applicable: 12008 South Shore Blvd
Suite 201
Wellington FL 33414
(Principal office address MUST BE A STREET ADDRESS)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. The Florida document number of this limited liability company is: M19000004432

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 04/23/2019

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: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City *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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

TALLAHASSEE, FLORIDA

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

Title/Capacity	Name	Address	Type of Action
President	Kimberly Day	4600 Garden Point Trail	☒ Add
		Wellington FL 33414	☐ Remove
Vice President	Nancy Jo Jennings	9071 Bayberry Lane	☒ Add
		West Palm Beach, FL 33411	☐ Remove
Member	Lynell Dione Harbison	545 S Country Club Dr	☒ Add
		Atlantis, FL 33462	☐ Remove
Manager	Michael J. Menchise	255 South Street	☐ Add
		Oyster Bay NY 11771	☒ Remove
Manager	Kimberly Day	4600 Garden Point Trail	☒ Add
		Wellington, FL 33414	☐ 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

Michael J. Menchise

Typed or printed name of signee

Filing Fee: $25.00