## P17000026038

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500437472245

10/15/24--01018--011 \*\*43.75



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: MAKAR FARMIN	IG ENTERPRISES, INC	
	MBER: P17000026038		
	es of Amendment and fee are sul	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	MANUEL PORRO		
		Name of Contact Person	n
		Firm/ Company	
	27125 475TH AVE		 
	HARRISBURG SD 57032	Address	
	<del></del>	City/ State and Zip Cod	e
	mporro3@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informat	ion concerning this matter, pleas	e call:	
ALLAN DOYLE		at (	_) 221-8774
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made p	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corpora	ation as currently filed with the Flo	orida Dept. of State)	_
17000026083			
(Doc	ument Number of Corporation (if known	own)	
ursuant to the provisions of section 607.1006, Flores Articles of Incorporation:	ida Statutes, this <i>Florida Profit Corp</i>	oration adopts the following	ig amendmer
. If amending name, enter the new name of the	corporation:		
MAKAR REAL ESTATE ENTERPRISES, INC			_The new
ame must he distinguishable and contain the word ' Inc.," or Co.," or the designation "Corp," "In chartered," "professional association," or the abh	c," or "Co". A professional corp	porated" or the abbreviation oration name must contain	on "Corn "
Enter new principal office address, if applical	<u></u>		
Principal office address <u>MUST BE A STREET Al</u>	DDRESS )		73
		Zu	<del>- 13</del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	20Y)		. <del>ن</del>
Market Market Market Barrier B		<u> </u>	. 77
		<del></del>	<del></del>
		·	<u> </u>
. If amending the registered agent and/or regist new registered agent and/or the new registere	tered office address in Florida, ente d office address:	er the name of the	·
Name of New Registered Agent		<del></del>	-
	(Florida street address)		-
1/ D : 100 (1)		, Florida	
New Registered Office Address:	(City)	(Zip C	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			<u></u>
Add			
Remove			<u></u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

mach additional sneets, if nec	essary). (Be specific)			
			···-	
			··	· ·
				<u>۔                                      </u>
				1000
				ا با
	<del></del> -			· · · · · · · · · · · · · · · · · · ·
				1
, <u>, , , , , , , , , , , , , , , , , , </u>				
	······			
<u></u>				
an amendment provides for	an exchange, reclassif	ication, or cancella	tion of issued shares,	
provisions for implementing (if not applicable, indicate	tne amendment if not o	contained in the am	enament itseir:	

	SEPTEMBER 1ST, 2024	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
<del>-</del>	TOBER 1ST, 2024	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder action and	
☐ The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.	70mm 0c7 15
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	(i)
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by 100% OF THE SHAR	EHOLDERS ."	- 1. S
,	(voting group)	``
Dated	ER 1ST, 2024	
selecte	irector, president of other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	_
	MANUEL PORRO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: MAKAR FARMIN	IG ENTERPRISES, II	√C			
DOCUMENT NUMB	D17000026029					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	MANUEL PORRO					
-		Name of Contact P	erson			
-		Firm/ Compan	y			
:	27125 475TH AVE					
•	Address					
	HARRISBURG SD 57032					
-	<u> </u>	City/ State and Zip	Code			
:	mporro3@gmail.com			10 PE		
- -	E-mail address: (to be us	sed for future annual re	eport notification)			
For further information	concerning this matter, pleas	se call:		2825 0CT 15 F-5 S		
ALLAN DOYLE		305 at (	221-8774			
Name o	f Contact Person		a Code & Daytime Teleph			
Enclosed is a check for	the following amount made	payable to the Florida	Department of State:			
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Sta	itus		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ar Di	reet Address nendment Section vision of Corporations ne Centre of Tallahassee			

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