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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.

Account Number : I20020000100 Phone : (305)944-9755 : (888)401-1914 Fax Number

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

Email Address:\_\_\_

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## TRANSNATIONAL RELATIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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From: Silvas Financial Services, LLC

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Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314

#### Street Address:

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

(additional copy is enclosed)

From; Silvas Financial Services, LLC

2021-02-11 20:15:47 GMT

(((H210000595753)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TRANSN	SATIONAL RELATIONS, LLC		
(Name of the Limi	ted Liability Comp. (A Florida Limited	any as it now appears on our records Liability Company)	<u>s.</u> )	<del></del>
The Articles of Organization for this Limited L. Horida document number 1.07000095825	iability Company	were filed on <u>09/19/2007</u>		_ and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
WE ARE MAS LLC				
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC	" or the abbre	viation "L. L.C"
Enter new principal offices address, if appli	cable:	N/A	<u>-</u>	
Principal office address MUST BE A STREI	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u> (BOX)</u>	N/A	:	1
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ess here:	address on our records, enter	the name	7.
	N/A			章 〇
Name of New Registered Agent:	197.7			<del>- :0</del>
New Registered Office Address:		EnterFloridastreetaddres	 KS	က်
		 	andela	
		City , FI	orida	ZipCocle

### 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.

From: Silvas Financial Services, LLC

2021-02-11 20:15:47 GMT

(((H21000059575.5)))
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

18884011914

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			□Add
			□Remove
			☐('hange
			□Add
			□Remove
			□Change
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o: 18506176383

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