L18000261877

(Requestor's Name)	
(Address)	800337302458
(Address)	000007002100
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	11/28/1801017011 ++28.
Certificates of Status	
Special Instructions to Filing Officer:	
	19 NOV 25
	S. YOUNG

Master orgafams, ILL P.O. BOX 1700 NW 97 Avc.

#227412 Daval P1. 33172

**20.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASTER ORGASMS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	- <u>1</u> 7
he Articles of Organization for this Limited Liability Company	were filed on 11/08/2018	and assigned
lorida document number L18000261899		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:	14237 SW 125th AVE	
Principal office address MUST BE A STREET ADDRESS)	Miami, Fl 33186	
nter new mailing address, if applicable:	1700 NW 97th AVE # 227412	
Mailing address MAY BE A POST OFFICE BOX)	Doral, FL. 3 3172	
8. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here Name of New Registered Agent:		er the name of the
New Registered Office Address:	Constitution	
	Enter Florida street address	
	, 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.

If Changing Registered Agent, Signature of New Registered Agent

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	ABOUCHEDID, FARID	6085 NW 104 PATH Miami, Fl 33178	□ Add
			■ Remove
MGR	LIBRE, JOSE	170 SE 14th ST APT 1803 Miami, Fl. 33131	m
			■ Remove
			☐ Change
MGR	ACOSTA, ALEJANDRO	14237 SW 125th AVE Miami, Fl 33186	□ Add
			■ Remove
			Change
MGR	NUNZIO RUGGIERO ETTORE FILIPONE	8870 Fontainbleau Blvd. Miami, Fl 33172	■ Add
			Remove
			Change
			□ Add
			□ Remove
			□ Change
			□ Add
			☐ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 18 November 2019.
Elian Jong Attie Signature of a member or authorized representative of a member
ELIAS J. ATTIE

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00