Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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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 Plorida Department of
State: MASTIL01 LLC
Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Malling address MAX BE A POST OFFICE BOX)
2. The Florida document number of this limited liability company is: M16000003385
3. Jurisdiction of its organization: DELAWARE
4. Date authorized to do business in Florida: UPON QUALIFICATION
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company:
(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
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.

Citie/ Capacity	Name	Address Type of Action
MGR	ERNESTO LEMBERGER	999 PONCE DE LEON BLVD PH: 1195
		CORAL GABLES, FL 33134
MGR ERNESTO NAIMAN	999 PONCE DE LEON BLVD PH: 1135	
		CORAL GABLES, FL 33134
		- E Remove C
		- Remove
 -		D Add
		Remove