I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. SIGNATURE: LEON ALKELAY MBRMGR 01/26/2022

Entity Name: MASTERS FINE ART, LLC Current Principal Place of Business:

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

4350 OAKES RD 515 DAVIE, FL 33314

Current Mailing Address:

DOCUMENT# L07000048066

4350 OAKES RD 515 DAVIE, FL 33314

FEI Number: 26-0138475

Name and Address of Current Registered Agent:

ALKELAY, LEON 4350 OAKES RD 515 DAVIE, FL 33314 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:	LEON ALKELAY			01/26/2022
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MEMBER MANAGER	Title	MEMBER MANAGER	
Name	YEDID, GIL	Name	ALKELAY, LEON	
	4350 OAKES RD 515	Address	4350 OAKES RD 515	
City-State-Zip:	DAVIE FL 33314	City-State-Zip:	DAVIE FL 33314	

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 26, 2022 Secretary of State 4386878682CC