

200000 001326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

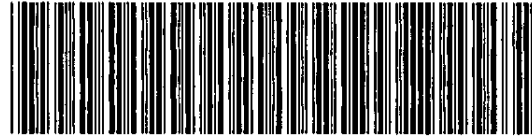
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
JAIL/HASSELL FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MASE GENERATORS OF NORTH AMERICA, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GIUSEPPE FAVA

Name of Person

MASE GENERATORS OF NORTH AMERICA, LLC

Firm/Company

5000 OAKES ROAD - STE - F

Address

DAVIE. FL 33314

City/State and Zip Code

FAVA@MASENORTHAMERICA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIUSEPPE FAVA

Name of Person

at **954 327-0234**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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MASE GENERATORS OF NORTH AMERICA, LLC

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SERGIO MIGUEL	1574 NE 172ND STREET	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH	<input type="checkbox"/> Remove
		FLORIDA 33162	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECRET
OFFICE OF THE
ATTORNEY GENERAL
STATE OF FLORIDA
18 SEP 16 PM 12:09

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 9/11/13

Signature of a member or authorized representative of a member

GIUSEPPE FAVA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE