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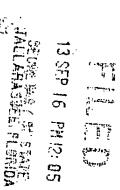
(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TQ:

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

954 327-0234

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASE GENERATORS OF NORTH AMERICA, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

\	iorida Zianita Ziacinij Company)				
The Articles of Organization for this Limited Liab	oility Company were filed on 02/04/2000	and assigned			
Florida document number L0000001326					
This amendment is submitted to amend the follow	ring:	ALC 8			
A. If amending name, enter the new name of the	he limited liability company here:				
		The same			
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company," the design				
Enter new principal offices address, if applicab	ole:	24 6			
(Principal office address MUST BE A STREET.	ADDRESS)	» · · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>				
B. If amending the registered agent and/or registered agent and/or the new registered office		, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, FI	orida			
	City	mpany here: Company			
New Registered Agent's Signature, if changing Reg	gistered 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or <u>Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u> <u>T</u>	vpe of Action
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		FLORIDA 33162	
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If amending any other information, enter change(s) here: (Attach additional sheets, if nece			
ed 9/11/13 ,			
Signature of a member or authorized representative of a member	College	_	
GIUSEPPE FAVA	PS.	بن	
Typed or printed name of signee	1	_S.	•
Page 3 of 3	7.54 X4.	ا	*
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