

H22000018339 3

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L11000009523

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : CONTADORMIAMI.COM INC
 Account Number : 120200000130
 Phone : (954)345-7888
 Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2022 JAN 14 PM 3:13

CA1 APPROVED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 MAZAL III, LLC**

Certificate of Status	0
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Page Count	03
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2022 JAN 14 PM 2:59

APPROVED
 AND
 FILED

H22000018339 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAZAL 111, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/13/2011 and assigned Florida document number L11000009523

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ELECTRONIC FACE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1549 NE 123RD ST NORTH MIAMI, FL 33161

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1549 NE 123RD ST NORTH MIAMI, FL 33161

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B. If amending the registered agent and/or registered office 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.

If Changing Registered Agent, Signature of New Registered Agent

H22000018339 3

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BRAJA LLC	1549 NE 123RD ST	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33161	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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