

#L11000086285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

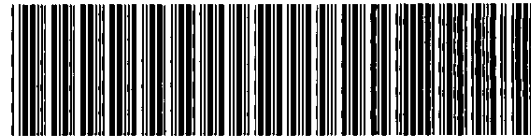
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
AUG 29 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MASEMALO 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:

Sebastian A LORENZO  
Name of Person

MASEMALO LLC  
Firm/Company

1109 ALEXANDER BEND  
Address

WESTON FL 33327  
City/State and Zip Code

Alicia Rion (@) Gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alicia Ramirez at 954 305 1127  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Page 1 of 2

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	Alicia Ramirez	1109 ALEXANDER BEND WESTON FL 33327	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Sebastian GLORENZO	1109 ALEXANDER BEND WESTON FL 33327	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MATIAS MMAURO	1109 ALEXANDER BEND WESTON FL 33327	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 23, 2011.



Signature of a member or authorized representative of a member

Alicia Ramirez  
Typed or printed name of signee