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LUNG DARK OF STATE

AND MASSEEL FLORIDA

EXAMINER AUG 29 2011

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJECT: MASE MALO UC					
	Name of Limited Liability Company				
The en	aclosed Articles of Amendment and fee(s) are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	Schastian a Cortenzo Name of Person				
	MASEMALO LLC Firm/Company				
	1109 ALEXANDER BEND				
	WESTON FL 33327				
	City/State-and Zip Code Aucia Rion (a) Commit. Com E-mail address: (to be used for future annual report notification)				
For fur	ther information concerning this matter, please call:				
Al	Name of Person at (954 305 127 Area Code & Daytime Telephone Number				
)	ed is a check for the following amount:				
\$25	i.00 Filing Fee \$\ \text{S55.00 Filing Fee & }\ \text{Certificate of Status} \text{S55.00 Filing Fee & }\ \text{Certified Copy }\ \text{(additional copy is enclosed)} \text{Certified Copy }\ \text{(additional copy is enclosed)} \text{Certified Copy }\ \text{(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

	-ED
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ALLAHARE	OF_STATE

MASEMA	10 uc	iA	LLAHASSEE, FLORIDA
(Name of the Limited Liab) (A Florid	lity Company as it now a da Limited Liability Com	ippears on our records.) pany)	
The Articles of Organization for this Limited Liability		n <u>07/27/20</u>	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the l	imited liability compar	ı <u>y here</u> :	
The new name must be distinguishable and end with the value. "L.L.C."	words "Limited Liability (Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD.			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regressered agent and/or the new registered office a		on our records, ente	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street a	address
		, Florida	
	City		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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title Name | **Address** Type of Action MGR PhiligRamplez 1109 Alexander BEND WESTON FL 33327 MGRM Sebastian Glorenzo 1109 Alexander BEND □ Add Remove MORM MATIAS MMAURO 1109 ALEXANDER BEND Add Remove WESTON PLISSE Add Remove \square Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Typed or printed name of signee

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2011

Filing Fee: \$25.00

Signature of a member or authorized representative of a member