#1/2000/27082

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SECRETARY OF STATE

K.SALY EXAMINER APR 3 2013

COVER LETTER

TO: Registration Section
Division of Corporations

MAS ADVISORS 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:

Michael F. Spano

Name of Person

MAS ADVISORS LLC

Firm/Company

2850 Tigertail Avenue

Address

Miami, Florida 33133

City/State and Zip Code

mspano@acadialife.bm

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

For further information concerning this matter, please call:

Michael F. Spano

786₃₆₄₋₃₁₁₂

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

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rds.)	TARY OF STATE

MAS ADVISORS 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 Liab	oility Company were filed on Octob	er 4th, 2012 and assigned
Florida document number L12000127082	·	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with t	he words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the nev
Name of New Registered Agent:	,	
New Registered Office Address:		
	Enter i	Florida street 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 ameraling 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>	Address	Type of Action
MGRM	Ricardo R. Calderon	701 San Juan Dr	· Add
		Coral Gables, FL 33143	Remove
			_
			Add
			Remove
			_
			Add
			_ Remove
			- Add
			Remove
			Add
			Remove
			-
			Add
			Remove

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	Signature of a member or authorized representative of a member
	Ricardo R. Calderon

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Filing Fee: \$25.00