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COVER LETTER

TO: Registration Solution of Con			
SUBJECT:	Masiand L	LC	
	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	三
	Andr	Name of Person	
	Mas	iand LLC Firm/Company	74 5: 28
	743	Gant Ave	——————————————————————————————————————
	Savas	Ota FI 342 City/State and Zip Code	232
	AMULLANY O E-mail address: (to	o be used for future annual report notificati	nw-con
For further information of	concerning this matter, please ca	all:	
Yanda Name (Clark of Person	at (941) 320-16 Area Code & Daytime Te	\$35 elephone Number
Enclosed is a check for t	he 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

Mas	and 11.0	
(Name of the Limited (A	Liability Company as it now appears on our reco	rds.)
The Articles of Organization for this Limited Li	ability Company were filed on 11/30/1	and assigned
Florida document number 4120001	19891	-
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	3 3
The new name must be distinguishable and end with	h the words "Limited Liability Company," the design	mation "ELC" or the abbreviation
"L.L.C."		15 T
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	Fig. 7
	 	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered of	or registered office address on our records, fice address here:	enter the name of the new
Name of New Registered Agent:	Hodrea Camera	
New Registered Office Address:	743 Gent A	N
	Enter Florida s	treet address
	Jarasota, Flo	orida <u>34232</u>
Nam Danistanad Annuala Company 20 h	City	Zip Code
New Registered Agent's Signature, if changing F	Kegisterea 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 **Address Type of Action Title** <u>Name</u> MGR Manuel Rebecchi 743 Gant Ave DAdd Sarasata F1 34232 Remove Remove Remove Remove Remove

D. If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	Hease make effective 11/30/12		
	As Mr Rebecchil should have		
	Never been on the Corporation		
	docs		
Dated _	November 30, 2012.		
	Pin her Pomme		
	Signature of almember or anthorized representative of a member		
	Andrea (amera		
	Typed or printed name of signee Page 3 of 3		
	Filing Fee: \$25.00		
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