

L13000164953 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

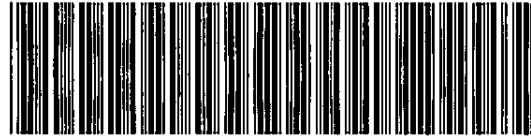
(Business Entity Name)

(Document Number)

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2014 JAN 10 PM 4:05
FALLA, S. F. 10000

BY JSTICK

JAN 15 2014

BY M. J. J. J.

TO: Registration Section
Division of Corporations

SUBJECT: **MADERERA MASSA, 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:

Concheta M. MASSA

Name of Person

Firm/Company

14043 SW 153 TERR

Address

MIAMI, FL 33177

City/State and Zip Code

maryferrigny@gmail.com

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

For further information concerning this matter, please call:

Mary Ferrigny

Name of Person

at **(786) 333-5065**

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

FILED JAN 10 2014

2014 JAN 10 PM 4:06

**ARTICLES OF ORGANIZATION
OF**

MADEDERA MASSA, 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 11/25/2013 and assigned
Florida document number L13000164953

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Ennio Jose Luis Massa Matteo

New Registered Office Address:

14043 SW 153 Terr

Enter Florida street address

Miami

Florida 33177

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 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.


Ennio Jose Luis Massa Matteo
If Changing Registered Agent, Signature of New Registered Agent

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ennio Jose Luis Massa Matteo	14043 SW 153 Terr Miami, FL 33177	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Armando Massa	14043 SW 153 Terr Miami, FL 33177	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated _____



Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00

2014 JAN 10 PM 4:06
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