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# COVER LETTER.

TO: Registration Se Division of Cor	ection porations		•
SUBJECT: Hac		ited Liability Company	on LLC.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	- Dancy	Name of Person	
		Firm/Company	
		Address	<u> </u>
		City/State and Zip Code	
	<u>Masterotece</u> E-mailaddress:	con Ic. 900 gmail to be used for future annual report notif	· (6.m
For further information c	oncerning this matter, please ca	all:	
Danced Nume o	Herson Hel	at ( <u><b>850</b></u> ) <u><b>688</b></u> Area Code Daytime	617.6 Telephone Number
Enclosed is a check for the	ne 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

Marte Maste (Name of the Limited Liability (A Florida	to Company as it now appears on our records.  a Limited Liability Company)	7 LLC	, •	
The Articles of Organization for this Limited Liability C	Company were filed on	and as	ssigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the	ne abbreviation "!	L.L.C."	
Enter new principal offices address, if applicable:		-244	A	
(Principal office address MUST BE A STREET ADDI	RESS)	711 X	<del>5</del> C	
		13 mg		
		13 13 13	Ġ	
Enter new mailing address, if applicable:		714 <sub>67</sub> , 219744	72	
(Mailing address MAY BE A POST OFFICE BOX)		<u> 52</u>	,, . 1	
		見記	(%)	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ter the name	e of th	e new
Name of New Registered Agent:		<del> </del>		<del></del>
New Registered Office Address:	Enter Florida street address			
·	, Florida	a		
	City	Zip Code	e	

## 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name <u>Address</u> **Type of Action** ☐ Change □ Add □ Remove ☐ Change □ Add Add P ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change

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Note: If the date inser	ter than the date of find, the date must be specificated in this block does not be date on the Department	not meet the applical	o date of filing or more ble statutory filing r	(option than 90 days after fi requirements, this o	1 <b>al)</b> lling.) Pursuant t date will not be	o 605.0207 e listed as
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Filing Fee: \$25.00