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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : ASSURED ACCOUNTING AND TAX SERVICES

Account Number : 120180000048

Phone

: (954)793-0353

Fax Number

: (954)944-3163

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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·	MASCA GI			•		
(Name of the L	imited Liability Coops (A Florida Limited	ny as it now app Liability Company	у) У)	ords.)		
he Articles of Organization for this Limite	d Liability Company	were filed on	02/03/20	16	and assi	gned
iorida document number <u>L160000240</u>						
his amendment is submitted to amend the	following:					
If amending name, enter the new nam	e of the limited liab	ility company	here:			
he new name must be distinguishable and contain the	he words "Limited Liabi	lity Company," th	e designation "L	.LC" or the	abbreviation "L.L	C.''
Inter new principal offices address, if app	plicable:	9195 Col	lins Ave S	te 304		
(Principal office address MUST BE A STREET ADDRESS)		Surfside, FL 33154				
Enter new mailing address, if applicable:		9195 Coll	ins Ave St	e 304		
(Mailing address MAY BE A POST OFFICE BOX)		Surfside, FL 33154				
3. If affiending the registered agent and/o	or registered office	address on our	r records, <u>ent</u>	er the na	me of the new	regist
gent and/or the new registered office add	iress pere:					
N. 637 B. 1.	D 1: 4		a .		د د	- 1
Name of New Registered Agent:	<u> Kodrigo A</u>	Ives Araujo	Santos			·
New Registered Office Address:	9195 Collin	ns Ave Ste 3	304			· ì
		Enter F	lorida street ada	lress	့ ယူ	د.
	Surfside	- ·		Florida _	331545	
		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.

Rodrigo (Apr 6, 2024 11:28 EDT)

If Changing Registered Agent, Signature of New Registered Agent

(((H240001287173))) _ Change

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 = M AMBR = A	anager uthorized Member		(((H24000128717 3)))	
<u>Title</u>	Name	Address	Type of Action	
AMBR	Marino S. Filho	Rua Maranhao 1014 apt 111	□Add	
		Sao Caetano do Sul, SP	□Remove	
		Brazil - 09541-001	Ø Change	
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n effective date is l ote: If the date ir	other than the da isted, the date must be iserted in this block we date on the Depa	specific and cannot be does not meet the	applicable statut	iling or more than 9 ory filing require	(optional) Odays after filing.) Pu ments, this date wil	rsuant to 605.0207 I not be listed as
ecord specifies a is filed.	delayed effective da	ule, but not an effe	ctive time, at 12:	01 a.m. on the ea	rlier of: (b) The 90	Oth day after the
Apr 5	, 2024					
	-	-8-	<u></u>			
		rin Filho (Apr 5, 2024				