

L16 000 207 683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

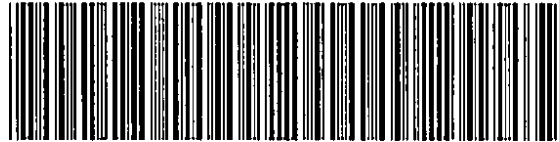
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/06/20--01017--007 \*\*170.00

2020 APR -6 PM 3:07  
DIVISION OF CORPORATE AFFAIRS  
SECRETARY OF STATE

GM  
4/1/20/20

**Mastef USA Diversified LLC**  
Stephanie Davila  
2581 Centergate Drive apt 206  
Miramar, FL 33025

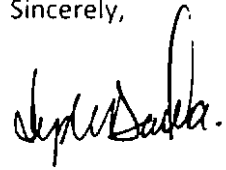
To whom this may concern,

Attached I have enclosed an amendment of Articles of Organization for Mastef USA Diversified LLC.  
My daytime phone number is 954-549-0645 and return address is below for your reference.

Address: 2581 Centergate Drive apt 206  
Miramar, FL 33025

Thank you for your time and attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stephanie Davila', with a stylized flourish at the end.

Stephanie Davila

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MASTEF USA DIVERSIFIED 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:

STEPHANIE DAVILA

\_\_\_\_\_  
Name of Person

MASTEF USA DIVERSIFIED LLC

\_\_\_\_\_  
Firm/Company

2581 CENTERGATE DR APT 206

\_\_\_\_\_  
Address

MIRAMAR FL 33025

\_\_\_\_\_  
City/State and Zip Code

STEPHANIEA.DAVILA88@GMAIL.COM

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

For further information concerning this matter, please call:

STEPHANIE DAVILA

954

549-0645

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MASTEF USA DIVERSIFIED LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

RECEIVED  
DIVISION OF CORPORATE  
2020 APR - 8 PM 3:07

The Articles of Organization for this Limited Liability Company were filed on 11/14/2016 and signed

Florida document number L16000207683

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 contain 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)**

2581 CENTERGATE DRIVE APT 206

MIRAMAR FL 33025

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2581 CENTERGATE DRIVE APT 206

MIRAMAR FL 33025

**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:

STEPHANIE DAVILA

New Registered Office Address:

2581 CENTERGATE DR APT 206

*Enter Florida street address*

MIRAMAR

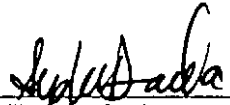
*City*

Florida 33025

*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.*



If Changing Registered Agent, Signature of New Registered Agent

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

I WOULD LIKE TO CHANGE THE PRINCIPLE OFFICE AND MAILING ADDRESS TO

2581 CENTERGATE DR APT 206 MIRAMAR, FL 33025

I WOULD LIKE REMOVE MANUEL SEQUEIRA FROM ALL ARTICLES OF ORGANIZATION

**E. Effective date, if other than the date of filing:** 04/03/2020 **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL THIRD, 2020



Signature of a member or authorized representative of a member

STEPHANIE DAVILA

Typed or printed name of signee

**Filing Fee: \$25.00**