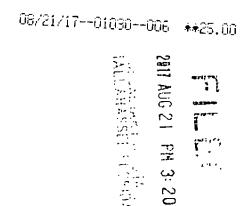
116000210771

(Requestor's Name)		
(Address)		
(Addi	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



500302712385



J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporation	s		
SUBJECT: Mask	Name of Limite	A Unbiling Company	
	Name of Limite	a Liability Company	
The enclosed Articles of Amendme	ent and fee(s) are submi	itted for filing.	
Please return all correspondence co	oncerning this matter to	the following:	
	Vamira	Name of Person	·
		Name of Person	
		Firm/Company	_
		гіпписотрапу	
7	030 5	Ocean Dr Apt Address	- 1514
	Hallanda	le FL 33009 City/State and Zip Code	
	Masterlash E-mail address: (to	be used for future annual report notifica	nion)
For further information concerning	this matter, please call	:	
Name of Person	rind	at (786) 214-16 Area Code Daytime T	elephone Number
Enclosed is a check for the followi	ng amount:		
	.00 Filing Fee & ertificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	1
Florida document number <u>L16000210771</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
Master La	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	O both and a series of a series of a
	:::
Enter new mailing address, if applicable:	2
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	Cin: 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

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

<u>Title</u>	Name	Address	Type of Action
WCK	Yamaris Corcino	1945 South Ocean	ID Add
		Dr Apt 505 Hallandala	2_□ Remove
		FL 33009	Change
			□ Add
			Remove
			Change
			O Add
			□ Remove
		.	_ Change
			_D Add
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		2017 3-15 5-15 5-15 5-15 5-15	
			Remove ငယ္ Change
			_□ Add
			_□ Remove
			_□ Change

If amending any other in	formation, enter change(s) here: (Attach addition	al sheets, if necessary.)
 		
-		
		
		· · · · · · · · · · · · · · · · · · ·
		
	-	
Note: If the date inserted is document's effective date of	an the date of filing: date must be specific and cannot be prior to date of filing or more this block does not meet the applicable statutory filing to the Department of State's records.	requirements, this date will not be listed as the
The 90th day after t	ne record is filed.	,
Dated 8/9/20	<u></u>	~.
	Signature of a member or authorized representative of	a member
_	Yamira Corcin	a member 25 CG 27
	Typed or printed name of signee	2 7
	B 3 43	<u>ئ</u> پ
	Page 3 of 3	20

Filing Fee: \$25.00