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COVER LETTER

TO: Registration S Division of Co			
THE FRA	MELESS MASTER, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	RODRIGO POSADA		
		Name of Person	
	GRUSHOFF & POSADA		
		Firm Company	
	6991 W BROWARD BLA	7D STE 105	
		Address	
	PLANTATION, FL 33317	1	
	NOD NZ NB ANGACANA HO	City/State and Zip Code	
	NORAZARAMA@YAHO E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
RODRIGO POSADA		954 3162590	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25,00 Fiting 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 2601 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE FRAMELESS MASTER, I	· - ·	
(Name of the Lit	nited Liability Company as it now appears on our re (A Florida Limited Liability Company)	ecords.)
	Liability Company were filed on 4/21/2017	and assigned
Florida document number L17000088880	·	-
This amendment is submitted to amend the fe	ollowing:	
A. If amending name, enter the new name	of the limited liability company here:	
he 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 app	licable:	
Principal office address MUST BE A STRI	EET ADDRESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFIC	<u> </u>	
3. If amending the registered agent an	d/or registered office address on our rec	ards antalogical natural of the
egistered agent and/or the new registered	office address here:	
		3
Name of New Registered Agent:	NORA AMARELLE	
New Registered Office Address:		©} 3 6
is w registered office / wareys.	Enter Florida street ac	ldress
		, Florida
	City	Zin Coda

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>	<u>Name</u>	Address	Type of Action
MGM	MANUEL AMARELLE	12067 NW 9TH ST	
		CORAL SPRINGS, FL 33071	■ Remove
			Change
AMBR	NORA AMARELLE	12667 NW 9TH ST	
		CORAL SPRINGS, FL 33071	☐ Remove
			🖸 Change
			Add
			□ Remove
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