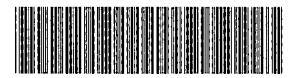
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(Req	uestor's Name)	······································
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COVER LETTER

	Registration Sec Division of Corp		•		
, cum uc <i>c</i>	MAS Hospit	tality,LL.C.			
SUBJEC'	1:	Name of Lim	ited Liability Company		
The enclo	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		722
Please ret	urn all correspor	ndence concerning this matter	to the following:		S. C.
		Medhat Tawfik Saad			2019 JAN 22 PH 1:01
		-	Name of Person		7.2
		MAS Hospitality, LLC			
			Firm/Company		
16102 Colchester Palms Dr.					
			Address		•
		Tampa, Florida 33647			
		dos10369@yahoo.com	City/State and Zip Code		-
			to be used for future annual report r	notification)	
For furthe	er information co	oncerning this matter, please co	all:		
Medhat T	Tawfik Saad		863 838-7781 at ()		
	Name of	Person		time Telephone Number	
Enclosed	is a check for th	e following amount:			
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

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**

T	O	_
ARTICLES OF C	ORGANIZATION	810 M
O	F	26 4 7
		ACCUMACE ON THE PROPERTY OF TH
MAS Hospitality,LLC		777
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Property
(A Florida Limited	Liability Company)	500 TO
	cı 1 12/06/2017	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L17000249696		
This amendment is submitted to amend the following:		
this amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limited liab	ility company here:	
•		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the designation "LLC"	or the abbreviation "L.L.C."
The new manie many be distinguishable and comain the words. Connect many	, Company, and League ===	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	ffice address on our records.	enter the name of the nev
registered agent and/or the new registered office address her		
	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City , F101	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 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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Maged Tawfik Saad	16102 Colchester Palms Dr. Tampa,Fl. 33647	
			■ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
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	12/21/201				
Effective date, if other than the fan effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the l	lock does not meet the application	cable statutory fil	(op more than 90 days aft ng requirements, th	tional) ter filing.) Pursuant to his date will not be	605.0207 (. listed as tl
ne record specifies a delaye The 90th day after the re		ot an effective	time, at 12:01	a.m. on the ea	rlier of:
Dated	, 2018	71-	M		
	\mathcal{A}	hat is	4/	خـ خـ	
	Signature of a member or auth	iorized representati	e of a member		-
Medhat Tawfik Saad		/			

Page 3 of 3

Filing Fee: \$25.00