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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	EMPLEO J. MAS	24. COM LLC ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		ALEJANDRO ME Name of Person	NDOZA
	EMPLE:	MAS 24 . COM Firm/Company	
	1646 80	N 116+ AVENUE	
	PENBROKE	PINES, FL 3302 City/State and Zip Code A A S 24 @ 9M AIL o be used for future annual report notifie	25
	EMPLEOYA E-mail addhoss: (t	MAS 24 @ GMAIL o be used for future annual report notific	. COM
For further information co	oncerning this matter, please ca	11:	
RICHARD Name of	MEDINA	at (<u>7 &6) 42 7 -</u> Area Code Daytime	3217 Telephone Number
Enclosed is a check for th	e 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMPLEOYMASZ	.4. COM	
(Name of the Limited Liability Com) (A Florida Limited)	pany as it now appears on our records d Liability Company)	<u>:.</u>)
The Articles of Organization for this Limited Liability Compar	by were filed on $\frac{200}{100}$	and assigned
Florida document number <u>L 170 00 2 50 7 3 5</u> .		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		17
(Principal office address MUST BE A STREET ADDRESS)		330
		7
		P
Enter new mailing address, if applicable:		۵
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		, enter the name of the ney
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	rida
	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.

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
MgR	JOSE A. MENDOZA	1646 SW116 TH AVE. PEMBROKE PINES, FL 33025	.2 7 Add
			Remove
	,		Change
MBR	Richard Medina	18801 NW 79th C+ WIMEAR, FL 33015	□ Add
			Remove
			Change
			□ Remove
			Change
			□ Add
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If an effective date	if other than the date of f is listed, the date must be specific e inserted in this block does n	c and canno	ot be prior to	date of tilingle statutory	g or more th	(op in 90 days aff iirements, ti	er filing.) Pur	suant to 605. not be liste	.0207 ed as
document's effect	ctive date on the Department	of State's	records.						
	cifies a delayed effectiv	⁄e date, ed.	but not	an effect	ive time,	at 12:01	a.m. on t	:he earlie	er of
he record spe The 90th da	ay after the record is fil								
The 90th da	ay after the record is file		2017	_ ·					
The 90th da	ay after the record is file		2017 Med	ina_					

Page 3 of 3

Filing Fee: \$25.00