L180000 32388

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Se Division of Cor			
CUDIC	MAFASE 1	LLC		
SUBJE	CI:	Name of Lim	nited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please t	return all correspo	ndence concerning this matter	to the following:	
		JORGE PEREZ		
			Name of Person	
		MAFASE LLC		
			Firm Company	
		11541 NW 68TH TER		
			Address	
		DORAL, FL 33178		
			City/State and Zap Code	
		japv_jorge@hotmail.com		
			to be used for future annual report notification)	
For furt	her information co	oncerning this matter, please ca	ali:	
JORGE	PEREZ		786 3038702	
	Name o	f Person	Area Code Daytime Telephone Number	
I'm ala	od ča u akorala Grada	Callanda a surassura		
		ne following amount:		
₩ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Hiling Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclo	
	Registr Divisio P.O. Bo	ation Section of Corporations ox 6327 ossee, F1. 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1. 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAFASE LLC		1				
(Name of the Limi	ited Liability Compa (A Florida Limited)	ny as it	now appears on our rec Company)	cords.)		
The Articles of Organization for this Limited I Florida document number L18000032388 This amendment is submitted to amend the fol	Liability Company				nd assigned	
This amendment is submitted to amend the for	iowing.					
A. If amending name, enter the new name of	of the limited liab	<u>ility ko</u>	mpany here:			
N/A						_
The new name must be distinguishable and contain the	words "Limited Liabi	lity Com	pany." the designation "	LLC" or the abbreviate	ion "L.L.C."	
Enter new principal offices address, if appli-	cable:	NΑ		<u> </u>		_
(Principal office address MUST BE A STREET ADDRESS)					SEC ALLI	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	l/or registered of		ddress on our reco	ords, <u>enter the n</u>	AHASSEE, FLORIDA the	TICO I I I I I I I I I I I I I I I I I I I
Name of New Registered Agent:	N/A	<u> </u>				
New Registered Office Address:	N/A					_
		Enter Florida street address				
	N/A		, Florida N/A			
New Registered Agent's Signature, if changing	Registered Agent:	Cit	ŗ	Zip	Code	
I hereby accept the appointment as registery provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the	ed agent and agr per and complete istered agent as p	ec to ac perfor provide	mance of my duties ed for in Chapter 60	s, and I am familion, and I am f	ur with and document is	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

or removed	d from our records:	o manage, enter the fitle, name, and ad	
MGR = M AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANDRES OMAR PEREZ	11541 nw 68th Ter Doral Fl 33178	∃ Add
			☐ Remove
			Change
		-	
			□ Remove
			☐ Change
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66		. A C. C. U						
an effective da	e, if other than the date must be	ate of fiting: _ e specific and can	mot be prior to da	te of filing or m	ore than 90 days a	ptional) ifter filing.) Pure	suant to 605.	.02
l <mark>ote:</mark> If the di	ate inserted in this bloc fective date on the Dep	k does not meet	the applicable	statutory filin	g requirements.	this date will	not be liste	ed a
ocument's en	ective date on the Dep	artinent of State	s records.					
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The 90th o	pecifies a delayed of day after the recor	d is filed.	z, but not an	enective t	ime, at 12:0	ıı a.m. on t	ne earne	3T
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FEBRU	JARY 8th	2	2018	1				
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	Si	ignature of a mem	iber or authorized	representative	of a member			
IOI	RGE PEREZ		•	1 (7				
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