## L18000097551

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duninger Fath, Name)
(Business Entity Name)
(Document Number)
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2/12/21



Miami, FL 33015

Office: 305-894-9366

Fax: 305-894-7682

Email: Roxana@TejedaLawGroup.com

## TO WHOM IT MAY CONCERN

Dear Sirs/Madam:

You may contact the following phone number regarding any questions or concerns between the hours of 9:30am-5:00pm, Monday-Friday: 305-894-9366. The best return address would be 17687 NW 78<sup>th</sup> Avenue, Miami, FL 33015.

As always, if you should have any questions or concerns, please do not hesitate to contact us.

Very truly yours,

Roxana Tejeda

TEJEDA LAW GROUP, P.A.,

## COVER LETTER

Division of Cor					
MASPLLC	:				
SUBJECT:	Name of Limi	ted Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Nestor Lopez, JR				
	<del></del>	Name of Person	·		
	MASPILLC				
		Firm/Company			
1685 SW 11 TERK					
		Address			
	Miami FL 33135			71	
		City/State and Zip Code		D21 J	
	E-mail address: (	to be used for future annual report notificat	ion)	MG 11 NYF 1702	FILED
For further information of	concerning this matter, please c	all:	•	 -::	m
Nestor Lopez, JR.		305 890-0006		<b>x</b>	$\Box$
Name o	of Person	Area Code Daytime Te	lephone Number	1: 01	
Enclosed is a check for t	he foliowing amount:				
₩ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate 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)		
<u>Mailing Addre</u> Registration Division of C P.O. Box 633	Section Forporations	Street Address: Registration Section Division of Corpor The Centre of Tall	rations		
Tallahassec, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASP LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ay as it now appears on our records.) lability Company)	<del></del> .
The Articles of Organization for this Limited Liability Company Florida document number L18000087551	were filed on 4/6/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbrevia	ation "L.L.C."
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)		202
		美丽
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of	
agent and/or the new registered office address here:	<del></del>	7
Marie FN or Brown d Norma		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	÷
	, Florida City Zi	ip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete, accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am famil provided for in Chapter 605, F.S. Or, if th	iar with and is document is

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

Title	Name	<u>Address</u>	Type of Action
MGR	Miguel Asprilla	55 SE 6 Street	CAdd
		Unir 1406	<b>≡</b> Rетоve
		Miami, FL 33131	□Change
			□Add
			□Remove
			□Change
			(£).Add
			□ Add  202 □ Remove □ Change □ PH □ Add □ Remove
			□Change =
			ORemive
			Change
			ORemove
			☐ Change
			□Add
			□Remove
			□ Change

11 amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
******		
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Note: If	e date, if other than the date of filing:    12/1/2020   (optional)	5.0207 (3)(b)
f the record s ecord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after l.	r the
Dated	January 5th 2031	
	Signature of a member or authorized representative of a member	
	Nestor Lopez, JR Nestar Copez	
	Typed or printed name of signee	

Filing Fee: \$25.00