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DIVISION OF CORPORATIONS

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MA SUBJECT:	ASTERS (OF FADES LLC		
30bjEC1		Name of Lim	ited Liability Company	
The enclosed Ar	ticles of Ai	mendment and fee(s) are sub-	mitted for filing.	
Please return all	correspond	lence concerning this matter	to the following:	
		HUGO A CINTRON		
			Name of Person	
		DOWNSTATE GROUP	LLC	
			Firm/Company	
		12553 SPRING HILL DE	RIVE	
		-	Address	
		SPRING HILL, FL 34609)	
			City/State and Zip Code	
		downstategroup@yahoo.		
			to be used for future annual report notifi	(cation)
For further infor	mation con	cerning this matter, please co	ill:	
Hugo A Cintror	1		352 398-1312	
	Name of P	erson	Area Code Daytime	Telephone Number
Englosed is a che	eck for the	following amount:		
\$25.00 Filing		□ \$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
	MAILIN	G ADDRESS:	STREET/COURIE	ER ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASTERS OF FADES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on UNE 22, 2018 and assigned Florida document number L18000153922 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Max $AMBR = Aut$	nager thorized Member		
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Filing Fee: \$25.00