Division of Corporations

4/22/2021 Electronic Filing

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAS FACTOR SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAS FACTOR SOLUTIONS LLC	
(Name of the Limited Liability Company as it now appears (A Fiorida Limited Liability Company)	on our (records)
The Articles of Organization for this Limited Liability Company were filed on $\frac{05/3}{1}$ Florida document number $\frac{19000127771}{1}$.	10/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	œ:
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "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)	2
	-
	/ · · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office address on our re- agent and/or the new registered office address here:	
Name of New Registered Agent:	** 30 %
	t_{L} a
New Registered Office Address:	

New Registered Agent's Signature, if changing Registered Agent:

15612148442

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.

City

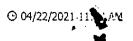
Zip Code

© 04/22/2021 11:38 AM. 15612148442 → 18506176383 pg 3 of 5

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	<u>Name</u>	Address	Type of Action
Manager	IVAN R CLARE A.	4937 SW 74 CT	
		MIAMI, FL 33155	□Remove
			☐ Change
			□Add
			Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			·
			□Remove
			☐ Change
			□Add
			Remove
			Change



	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effec	tive date, if other than the date of filing: (optional) foctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ii un e Note:	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as:
docu	ment's effective date on the Department of State's records.
e reco	nd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is i	îled.
Dated	1 04/16/2021
	()
	Law de C. Lao.
	Signature of a mamber or authorized representative of a member
	and the second s
	Maria Maria 6 Typed or printed name of signee

Filling Fee: \$25.00