L19000210445

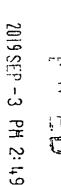
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C. GOLDEN SEP 1 2 2019

COVER LETTER

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SUBJECT:		ovation Experts LLC	•	
SUBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n ali correspo	ndence concerning this matter	to the following:	
		Andres Silva		
			Name of Person	
		M.A.S Renovation Experts	LLC	·
			Firm/Company	
		10005 NW 4 ST		
			Address	
		Pembroke Pines, FL 33024		
		masrenovationexperts@gma	City/State and Zip Code	
		E-mail address: (o be used for future annual report	notification)
For further i	nformation co	oncerning this matter, please ca	ıll:	
Andres Silv	a		786 352-553	1
	Name of	f Person	Area Code Da	ytime Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 1	Filing Fee	□ \$30.00 Fiting 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



M.A.S Renovation Experts LLC

2019 SEP -3 PH 2: 49

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L19000210445 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 "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) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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 a or removed from our records:

MGR = Manager

WIGHT -	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Andres Silva	10005 NW 4 ST, Pembroke Pines, FL 33024	
			Remove
			Change
			Remove
			Change
			
			☐ Remove
			Change
			Add
			□ Remove
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			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change

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Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00th day after the record is filed.
Dated _	August 30, 2019. Andres Silva.
	Andres Silva
	Signature of a member or authorized representative of a member
	Andres Silva
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00