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COVER LETTER

TO: Registration Se Division of Cor			
MASA AZ	OUL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANA E ROSARIO		
		Name of Person	
	AMERICAN TAX & PAY	TROLL SERVICES LLC	
	-	Firm/Company	
	887 STATE ROAD 436		
		Address	
	CASSELBERRY, FL 327	07	
		City/State and Zip Code	
	_	CANTAXPAYROLL.COM	
Var forther information a	E-mail address: (oncerning this matter, please c	to be used for future annual report no	tification)
	concerning this matter, please c		
ANA E ROSARIO		407 767-1647 at ()	
Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	■ \$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)
Mailing Addres Registration 9		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632		The Centre of	
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maria J. M. 9:35

MASA AZUL 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 Cor	npany were filed on 09/26/2019	and assigned
Torida document number L19000234828		
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
TULUM SOCIAL LLC		
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	(SS) N/A	
Enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)	19/73	-
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>en</u>	ter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address: N/A		
-	Enter Florida street ada	dress
		Florida
	City	Zıp Code

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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ective date, if other than the d reffective date is listed, the date must be: If the date inserted in this bloc rument's effective date on the Dep	k does not meet the appli	icable statutory filing	ore than 90 days after fig g requirements, this o	r al) ling.) Pursuant to 605.020° late will not be listed as
cord specifies a delayed effective s	date, but not an effective	time, at 12:01 a.m. (on the earlier of: (b)	The 90th day after the
FEBRUARY 4	2020			
ed	. 2020	<u> </u>		
(2020 Sha La A fignature of a member or auti	asaw horized representative	of a member	

Filing Fee: \$25.00