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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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то:	Registration So Division of Cor					
SUBJEC	Masterpiec	e Innovations LLC	, •			
SUBJEC	∪1:	Name of Lin				
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		JOSE GONZALEZ NEG	RETE			
			Name of Person			
		Masterpiece Innovations I	LLC			
			Firm/Company	-		
		3307 FUDGE RD				
			Address			
		APOPKA, FL 32712				
		josegn1285@gmail.com	City/State and Zip Code		2022 SE(
			(to be used for future annual report n	otification)	PAU ALE	7
For furth	er information c	oncerning this matter, please c	all:		2022 AUG II SECRETAR TALLAHA	
JOSE G	ONZALEZ NEC	GRETE	407 383-8518		A A OF S	1 1
	Name o	f Person	Area Code Dayt	ime Telephone Number	8:38 STATE	70.4
Enclosed	l is a check for tl	he following amount:				
≣ \$25.	5.00 Filing Fee Solution Solution Status Solution Status Solution					
	Mailing Addres Registration 5		Street Address: Registration S	Section		

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Masterpiece Innovations LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records Liability Company)	7.)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and comain the words "Limited Liabi	lity Company," the designation "LLC"	" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		\$ 28.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AUG 11 AH 8: CRETARY OF S ALLAHASSEE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	5
	, Flo	orida

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>	Name	Address	Type of Action
MGR	JOSE GONZALEZ NEGRETE	3307 FUDGE RD APOPKA FL 32712	= Add
			□Remove
		 	□ Change
			□ Add
			🖾 Remove
			□ Change
			□Add
		SE DE move	
			ARY OF STATE WHASSEE, FL
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an effective date is	f other than the s listed, the date mus inserted in this bl	st be specific and	l cannot be prior	to date of filing	or more than 90	(option) days after fi	ling.) Pu	rsuant to	o 605.020
	tive date on the D				ning requirer	nems, uns c	MIC WII	r not o	nsicu a
record specifies is filed.	a delayed effectiv	e date, but not	an effective ti	me, at 12:01 a	a.m. on the ear	lier of: (b)	The 90	Oth day	after the
AUGUST	2		2022						
11CU	Ti.		1	_					
	Chun	- Du	member or author						