## L19000302577

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## **COVER LETTER**

TO: Registration Sec Division of Corp					. •		
eun wer.	MAS VALOR	uc	*				
SUBJECT:	Nai		d Liability Company	<u> </u>			
The enclosed Articles of A	Amendment and fee(s	s) are subm	itted for filing.				
Please return all correspon	ndence concerning th	is matter to	the following:				
		-4.و.۱	FEDERCO		· ·	11.5	
		With	Name of Person		<del></del>		•
						251 HOV -2	• • •
		MASI	Firm/Company				
			•				•
		3641		<u> 4005</u>	De #10	963	
			Address		3-	<del>ල</del> ා	
		POMPA	NO BEACH, FI	3306	9		
			City/State and Zip Code	_			
	A.ME E-mai	l address: (to	be used for future annual r	report notificati	ion)		
For further information c	oncerning this matter	r, please cal	11:				
	ANIA MAL	AUS.	ar ( <del>7</del> 54 )	24612	.35 lephone Number		
Name o	f Person		Area Code	Daytime Tel	lephone Number	•	
Enclosed is a check for the	he following amount:						
\$25.00 Filing Fee	□ \$30.00 Filing		☐ \$55.00 Filing Fee &	&	☐ \$60.00 F	iling Fee	e,
1 2 323.00 Fining 1 cc	Certificate of		Certified Copy (additional copy is enc		Certifica Certified (additiona	Copy	
Mailing Addre Registration			<u>Street Ac</u> Registra	<u>ddress:</u> ation Sectio	on		
Division of C			Divisio	n of Corpor	rations		
P.O. Box 632	27		The Ce	ntre of Tall:	ahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASVA	we uc			
(Name of the Limite	ed Liability Company as it now appe (A Florida Limited Liability Company	ars on our records. )	.)	
·	(A I fortua Elithica Eliaethiy Company			
The Articles of Organization for this Limited Li		12/12/	19 and assigned	:d
Florida document numberL190003	02577			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	e designation "LLC"	or the abbreviation "L.L.C.	**
			NO .	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
		<del></del> :		
		·	$\ddot{\wp}$ .	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	ROX)			
(Mailing address MAT BE AT 031 011 TEE	<u></u>			
B. If amending the registered agent and/or a	registered office address on ou	r records, <u>enter</u>	the name of the new ro	<u>egis</u>
agent and/or the new registered office addre	ess here:			
Name of New Registered Agent:				
New Registered Office Address:	Enter i	Florida street addres.	s	
		ជារ	orida	
	City	, 1 (	Zip 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 wi 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 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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> </u>	<u>Name</u>	Address	Type of Action
MGF	BAPPIOS LAPA, CAPMEN	3641 DAKS CWBHOUSE DE	L Add
		# 106	□Remove
		POMPANO BEACH, FL 3306°	<u>1</u> □Change
			□Add
			<u>⊋</u> □Remove
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			□Change

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	2: 0
	(optional)
Iffective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing.  Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	e or more than 90 days after filing.) Pursuant to 605.
e record specifies a delayed effective date, but not an effective time, at 12:01 d is filed.	a.m. on the earlier of: (b) The 90th day after
Dated 10/20 . 2020	
Signature of a member or authorized representation	ntative of a member
	1EO