

8/22/24, 9:33 AM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L20000016997

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FAIL SAFE ACCOUNTING LLC
Account Number : 120230000132
Phone : (407)201-7988
Fax Number : (407)553-2856

DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: info@failsafetax.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MASANCH RESTORATION LLC**

Certificate of Status	0
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Page Count	04
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M. SOLOMON

AUG 22 2024

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Corporate Filing Menu

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COVER LETTER

(((H24000281530 3)))

TO: Registration Section
Division of Corporations

SUBJECT: MASANCH RESTORATION LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NASLY PAOLA SANCHEZ RUIZ

Name of Person

Firm/Company

4700 MILLENIA BLVD SUITE #175

Address

ORLANDO, FL 32829

City/State and Zip Code

NASLYPAOLASANCHEZ@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NASLY PAOLA SANCHEZ RUIZ

at 321 347-9922

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

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

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SECRETARY OF STATE
OF FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000281530 3)))

MASANCH RESTORATION 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 Company were filed on 01/09/2020 and assigned
Florida document number L20000016997.

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NASLY PAOLA SANCHEZ RUIZ

New Registered Office Address:

4700 MILLENIA BLVD SUITE #175

Enter Florida street address

ORLANDO

City

Florida 32829

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 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.

Nasly Paola Sanchez Ruiz
If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H24000281530 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT
HARRIS COUNTY, TEXAS

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARY OF STATE
WASHINGTON, D. C. 20520

2024 AUG 22 PM 1:20

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D

F. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 505.0207 (3)(b) this filing complies with the applicable statutory filing requirements; this date will not be listed as the effective date.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST 22, 2024

Nasly Paola Sanchez Ruiz
Signature of a member or authorized representative of a member.

NASLY PAOLA SANCHEZ RUIZ

Typed or printed name of signee

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