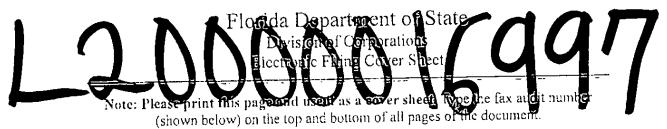
Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FAIL SAFE ACCOUNTING LLC

Account Number : I20230000132

: (407)201-7988

Fax Number : (407)553-2856

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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M. SOLOMON

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COVER LETTER

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| TO: Registration Se Division of Cor | | | | |
| | RESTORATION LLC | | | |
| SUBJECT: | Name of Limi | ed Liability Company | | |
| | Amendment and fee(s) are submodence concerning this matter | | | |
| · | NASLY PAOLA SANCHEZ RUIZ Name of Person | | | |
| | MASILI TAOLA SALIONA | | | |
| | | rane or reson | | |
| | | | | |
| | | Firm/Company | | 924 / |
| | 4700 MILLENIA BLVD S | UITE #175 | | au a |
| | | Address | | 22 SSE |
| | ORLANDO, FL 32829 | | | लंब न |
| | | City/State and Zip Code | | 1017 1017 |
| | | | <u> </u> | 20 36/2 |
| | | | neation) | |
| For further information | concerning this matter, please o | | | |
| NASLY PAOLA SANG | CHEZ RUIZ | 321 347-9922 at () | | _ |
| Name | of Person | Area Code Daytim | e Telephone Number | |
| Enclosed is a check for | the following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | S60.00 Filing Fe Certificate of St Certified Copy (additional copy is | tatus & |
| Mailing Addr Registration Division of P.O. Box 63 Tailahassec | Section Corporations 27 | Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, Fl | rporations Tallahassee be Street, Suite 810 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(((H24000281530 3)))

| MASANCH RESTORATION LLC | | | |
|---|--|--|--|
| (Name of the Limite | d Liability Compan A Florida Limited Li | y as it now appears on our recability Company) | <u>eords.</u>) |
| The Articles of Organization for this Limited Lia Florida document number <u>L20000016997</u> | | | and assigned |
| This amendment is submitted to amend the follo | wing: | | |
| A. If amending name, enter the new name of | the limited liabil | | |
| The new name must be distinguishable and contain the wo | | ity Company," the designation " | |
| (Principal office address MUST BE A STREE | | | Line Control C |
| Trincipal office address wood. | | | 22 II |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | <u>BOX)</u> | | PH 1= 20 |
| B. If amending the registered agent and/or ragent and/or the new registered office address | egistered office a is here: | iddress on our records, <u>ei</u> | iter the name of the new registered |
| Name of New Registered Agent: | NASLY PAOL | A SANCHEZ RUIZ | |
| New Registered Office Address: | 4700 MILLEN | IA BLVD SUITE #175 | |
| | | Enter Florida street a | ddress |
| | ORLANDO | | |
| | | City | ар сон |

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 ado | iress of each person | being added |
|---|----------------------|-------------|
| or removed from our records: | 444.50400000 | |

| or removed I | from our records: | anage, <u>encer</u> | (((H24000281530 3))) |
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| E. Effective date, if other than the date of filing: (If an effective date is listed, the date most be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records. | rsuant to 605.0 I not be fisted | 207 (3)(b) as the |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 record is filed. | Oth day after t | he |
| Dated AUGUST 22 2024 | | |
| Nasly Paola Sanker Ruiz Signappe of a member or authorized representative of a member | | |

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Filing Fee: \$25.00