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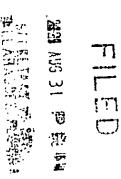
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Special Instructions to Filir	ng Officer:	

Office Use Only



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COVER LETTER

Registration Section

Division of Corporations

TO:

MASA HO SUBJECT:	SPITALITY, LLC	ited Liability Company			
	Name of Fam	ned maonity Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	STEFANO LA ROSA				
		Name of Person			
	MASA HOSPITALITY, I.	LC			
		Firm/Company			
	1537 SW 10 TH STREET				
		Address	197		
	MIAMI FL 33135				
	 	City/State and Zip Code			
	LAROSASTEH@GMAIL	COM			
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
STEFANO LA ROSA		305 905-9727 at ()			
Name o	f Person		ne Telephone Number		
Enclosed is a check for the	ne 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		Street Address:	ootion		
Registration S Division of C		-	Registration Section Division of Corporations		
P.O. Box 632	•	The Centre of	•		
Tallahassee, 1	FL 32314	2415 N. Monro	pe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASA HOSPITALITY, LLC	C 1	- K	
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)	F. 68. 3	
The Articles of Organization for this Limited Liability Company were filed on $\frac{06/18}{2}$	3/2020 Z		_ and assigned
lorida document number 1.20000169033		F F	U
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liability company here	· }		
he new name must be distinguishable and contain the words "Limited Liability Company," the design	ignation "LLC" o	r the abbr	eviation "L.L.C."
Inter 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 recogent and/or the new registered office address here:	ords, <u>enter th</u>	e name	of the new registe
Name of New Registered Agent:			
New Registered Office Address: Enter Florida	a street address		<u> </u>
	, Flori	ida	

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 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>	Address	Type of Action
MGR	ALEJANDRO MARANI	1537 SW 10TH STREET MIAMI FL 33135	= Add
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			□Change
			🗆 🗖 Add
			□Remove
			Change
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ctive date, if other than the d	late of filing:		(optio	nal)
effective date is listed, the date must be	be specific and cannot be price	or to date of filing or	more than 90 days after	filing.) Pursuant to 605.02
: If the date inserted in this bloc iment's effective date on the Dep	ck does not meet the appil partment of State's record	cable statutory (1) s.	ing requirements, this	date will not be fisted
ord specifies a delayed effective	date, but not an effective	time, at 12:01 a.n	n. on the earlier of: (b)	The 90th day after th
filed.				
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d AUGUST 13 -d	. 2020			
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			market and the second	
	Signature of a member or aut		va of a mambur	

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