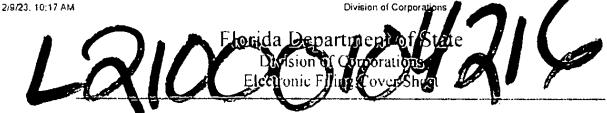
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Division of Corporations



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(((H23000052332 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : I20200000130 Phone : (954)345-7888 Fax Number : (786)713-1940

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

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MASDUA LLC

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To: CORPORATE AMENDMENT

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From: TAXLEAF.COM CONTADORAMERICA

#### H23000052332 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4

MASE	OUA LLC	
(Name of the Limited Liability Con (A Florida Limite	igany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number 1.21000104216	ny were filed on 03/03/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability 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 agent and/or the new registered office address here:	e address on our records, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:		T B
New Registered Office Address:		ب <b>نو</b> رَ
	Enter Florida street oildress	3K
	, Florida	<u>e:</u>
	Cin	= Zin CoSe

### New Registered Agent's Signature, if changing Registered Agent:

Thereby 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

### H23000052332 3

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	ADRIANA S GIACONE LARIOS	1549 NE 123RD ST	□Add
		NORTH MIAMI, FL, 33161	■Remove
			UChange
MGR	ALEJANDRO O IN FRÔINT DUARTE	1549 NE 123RD ST	□Add
		NORTH MIAMI, FL, 33161	<b>≘</b> Remove
			☐ Change
MGR	OMDRA LLC	1549 NE 123RD ST	<b>=</b>  Add
		NORTH MIAMI, FL, 33161	□Remove
			Remove
			□Change
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Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and cannot be prior to does not meet the application	to cate of filing or more able statutory filing re	(optional) than 90 days after filing.) Pursua equirements, this date will no	nt to 605.0207 ( t be listed as t
e record specifies a delayed effective dard is filed.	ate, but not an effective ti	ime, at 12:01 a.m. on	he earlier of: (h) The 90th (	lay after the
Dated	2023	······································		
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