Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000006378 3)))



H220000063783ABC

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 : H & CO, LLP Account Number : I20150000089 Phone : (305)444-8800 Fax Number : (305)444-4010

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

Email Address: cayon@hcoadvisors.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MASHTA DR 611 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Y SULKER

JAN 0 6 2022

Electronic Filing Menu

Corporate Filing Menu

Help

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Mashta Dr 611 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 $\frac{12/21/2021}{1}$ _ and assigned Florida document number L21000530692 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: New Registered Office Address: Enter Florida street address Florida City

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

To:

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

Title	<u>Name</u>	Address	Type of Action
MGR	ALVARO CASTRO MENDIVIL PINILLOS	2330 Ponce de Leon Blvd	Add
		Coral Gables, FL, 33134	LJ Add
			☐ Remove
			☐ Change
	e.		□ Remove
			
			□ Remove
			Change
	· .		□ Add
			☐ Remove
	•	·	☐ Change
			D Add
			☐ Remove
			□ Change
		·	
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change

Page: 5 of 5

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. 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 605,0207 (3)(b) 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: Innuani Ath 2022

(b) The 90th day after the record is flied.

Dated	, 2022
	Awele I
Signature of a	member or anthorized representative of a member
•	/ / ' ' ' '
ALVARO CASTRO MENDIVIL PIN	NILLOS /
	Typed of printed name of signee