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(City/State/Zip/Phone #)

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2022 JUL 20 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

OCT 12 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MASTER MANAGERS 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:

MARCOS BIGUCCI

Name of Person

MASTER MANAGERS LLC

Firm/Company

1170 Celebration Blvd STE 200 Office C7, C8, C9

Address

Celebration, FL, 34747

City/State and Zip Code

marcos@mbigucci.com.br

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

For further information concerning this matter, please call:

MARCOS BIGUCCI

321 402-9035

at ()

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

MASTER MANAGERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 JUL 20 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/07/2022 and assigned Florida document number L22000151962.

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:

1170 Celebration Blvd STE 200 Office C7, C8, C9

(Principal office address MUST BE A STREET ADDRESS)

Celebration, FL, 34747

Enter new mailing address, if applicable:

1170 Celebration Blvd STE 200 Office C7, C8, C9

(Mailing address MAY BE A POST OFFICE BOX)

Celebration, FL, 34747

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:

MARCOS BIGUCCI

New Registered Office Address:

1170 Celebration Blvd STE 200 Office C7, C8, C9

Enter Florida street address

Celebration

Florida 34747

City

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.

If Changing Registered Agent, Signature of New Registered Agent

MARCOS BIGUCCI

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARCOS BIGUCCI		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1170 Celebration Blvd STE 200 Office C7, C8, C9	<input checked="" type="checkbox"/> Change
		Celebration, FL, 34747	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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