122000251240

(Re	questor's Name)	
(Ad	dress)	<u>. </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

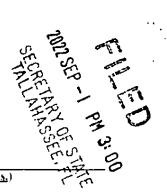
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Registration Section

Div	ision of Cor	porations					
418 (83 8877 787)	Master Nsc	Juare LLC	,	;			
SUBJECT:	·	Name of Lim	nited Liability Company				
		Amendment and fee(s) are sub	-				
rease return	an correspe	machee concerning this matter	to the following.				
		Xiao Yu					
		·	Name of Person		_		
		Master Nsquare LLC					
		-	Firm/Company		_		
		28712 Revaro Ln					
			Address		_		
		Wesley Chapel, FL, 33543	3		S	20	
		masternsquare@gmail.com	City/State and Zip Code		ECRET	2022 SEP - I	٠
		E-mail address: (to be used for future annual report not	ification)	ARY	<u>-</u>	ļ
For further in	nformation c	oncerning this matter, please c	all:		SSEI 70F	Hq	i
Xiao Yu			908 7209520 at ()		E SIA	PH 3: 00	,
·	Name o	f Person		ne Telephone Numbe	er er	0	
Enclosed is a	a check for th	ne following amount:					
≣ \$25.00 i	inng ree	☐ \$50.00 Filing Fee & Certificate of Status	S55.00 filling ree & Certified Copy (additional copy is enclosed)	Certified	ate of State		
	nime Addres gistration S		<u>Street Address:</u> Registration Se	ection			
	vision of C D. Box 632	orporations	Division of Co The Centre of	rporations			
	lahassee, l			rananassee oe Street, Suite 8	310		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Master Nsquare 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 Florida document number <u>L22000251240</u> .	were filed on 01Jun2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
N.A (no name change, only the ac The new name must be distinguishable and contain the words Limited Liabili	dress) ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	28712 Revaro Ln, Wesley Chapel, FI	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	28712 Revaro Ln, Wesley Chapel, Fl	_ 33543
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Fiorida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I at rovided for in Chapter 605, F.S. C	m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	lanager uthorized Member		6
Title	<u>Name</u>	<u>Address</u>	Type of Action
			DRCmove O
			- PRemove
			Change
			ClAdd
			Remove
		-	☐ Change
			□Add
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fective date, if other than	the date of filing:	022	(option	nalı	
an effective date is listed, the dat ote: If the date inserted in the	e must be specific and cannot be p is block does not meet the ap he Department of State's reco	plicable statutory filin	ore than 90 days after fi	ling.) Pursuant to 605	5.0207 (ed as t
record specifies a delayed eff is filed.	ective date, but not an effectiv	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day afte	r the
29Aug2022 	FI,	·			
	Signature of a member of a	h			
	Signature of a member of a	uthorized representative	of a member		