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COVER LETTER

	ision of Co			
CUBIECT.	MASSIVO	ENTERTAINMENT LL	С	
SUBJECT: Name of Limited Liab				pility Company
Dear Sir or M	Madam:			
The enclosed	i Statement	of Correction and fee(s) a	re submitted for filing	g.
Please return	all corresp	ondence concerning this n	natter to the following	z.
NINETT VI	ELMA			
		Name of Person		-
TAX & PRO) BUSINES	S CONSULTING LLC		
		Firm/Company		
20230 NE 3	RD CT API	` 2		e de la companya de La companya de la co
		Address		-
MIAMI, FL	33179			~
	Č	ity/State and Zip Code		
VIELMANI	NETT@GN	AAIL.COM		
E-mail	address: (to	be used for future annual	report notification)	-
For further in	nformation	concerning this matter, ple	ease call:	
NINETT VI	ELMA		786 at (9085109
	Name	of Person	Area Code	Daytime Telephone Number
Re Div P.C	D. Box 63	Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is	a check for	the following amount:		
■\$25 Filing	; Fee	S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. MASSIVO ENTERTAINMENT LLC FIRST: The name of the limited liability company is: The Florida Document number of the limited liability company is: SECOND: Document to be corrected is: _____ THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT \Box Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are ⅎ as follows: The name was misspelled, the correct name is OSCAR PANIAGUA <u>OR</u> The electronic transmission of the record was defective. NINETT VIELMA Signature of Authorized Representative Date Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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 asprovided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change. Registered Agent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)