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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AT PLUS CORP Account Number : I20140000060

Phone : (305)406-3800 Fax Number : (305)406-3999

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OF MAZAPP LLC

Certificate of Status Certified Copy Page Count 01 Estimated Charge \$25.00

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4505 BO YAM T. LEMIEUX ij

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	C	F	
<b>9</b>		•	
MAZAPP LLC			
(Name of the Limi	ted Liability Comps (A Florida Limited	ny as it now appears on our recording the confidence of the company)	rds.)
The Articles of Organization for this Limited L	iability Company	were filed on	and assigned
lorida document number L24000182798	·		
This amendment is submitted to amend the foll	lowing:		
	_		
A. If amending name, enter the new name o	f the limited Hab	ility company here:	
he new name must be distinguishable and contain the t	words "Limited Liabi	lity Company," the designation "LL	
Inter new principal offices address, if applic	able:	1701 NW 84TH AVE	2021 St.
Principal office address MUST BE A STREE	ET ADDRESS)	MIAMI FL 33126	2. 3 . 1
			77 7 =
		···	S T
Enter new mailing address, if applicable:		1701 NW 84TH AVE	서울 그 그
Mailing address MAY BE A POST OFFICE	BOX)	MIAMI FL 33126	<del>1</del> 5 7 2
	<u> </u>		
3. If amending the registered agent and/or i	registered office :	address on our records, ente	r the name of the new registe
gent and/or the new registered office addre	ss here:		
Name of New Registered Agent: MAURICIO AGUIRRE			
New Registered Office Address:	1701 NW 84TF	H AVE	
		Enter Florida street addr	ess
	MIAMI		22124

## 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.

City

Mauricio Aquime	
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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	AGUIRRE MAURICIO	1701 NW 84 TH AVE	□Add
		MIAMI FL 33126	
			🗟 Change
AMBR	MILTON MORRIS & 8 PARTNEI	1701 NW 84 TH AVE	□ Add
		MIAMI FL 33126	☐Remove
			■Change
			□Add
			□Remove
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo	be specific and cannot be price	or to date of filing or more	than 90 days after filing ) P	fursuant to 605,0207
document's effective date on the De	partment of State's record	is.	•	
		time at 12:01 a.m. on	the earlier of: (b) The 9	00th day after the
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e record specifies a delayed effective ed is filed.  MAY 07  Dated			ν,	ŕ
od is filed.  MAY 07  Dated		·		ŕ