M23000003653

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number (850)617-6383

From:
Account Name : REGISTERED AGENTS INC
Account Number : 120000000001
Phone : (307)200-2803
Fax Number : (813)436-5200

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MASORET SA LLC

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

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K. SALY

SEP - 5 2024

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: MASORET SA LLC

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TALLAHASSEE, FLORIDA

Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
20900 NE 30th Ave Floor 8
AVENTURA, FLORIDA 33180

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
20900 NE 30th Ave Floor 8
AVENTURA, FLORIDA 33180

2. The Florida document number of this limited liability company is: M23000003653

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: _____

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

_____
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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 *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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Delaware

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
Manager	ARIEL SILVIO EICHBAUM	3215 ne 184 st Apart 14306	☐Add
		AVENTURA, FL 33160	☑Remove
Manager	ARIEL SILVIO EICHBAUM	20900 NE 30th Ave Floor 8	☑Add
		AVENTURA FLORIDA 33180	☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove

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TALLAHASSEE, FLORIDA

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Robin Jones

Typed or printed name of signee

Filing Fee: $25.00