N16000008699

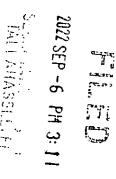
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COVER LETTER

Division of Corporations MAS is More PTO NAME OF CORPORATION: N16000008699 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cristina Guerra (Name of Contact Person) MAS is more PTO (Firm/ Company) 15015 sw 24th street (Address) Miami, FL 33185 (City/ State and Zip Code) masismorepto@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cristina Guerra 305 2816294 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations P.O. Box 6327

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2022 SEP -6 PM 3: 11

MAS is more PTO		
Name of Corporation as currently filed with the Florida De	pt. of State)	IALLAHASSÉCTI (**
N16000008699		With Mithogett, 14
(Document Number	of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statutes, amendment(s) to its Articles of Incorporation:	, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>n:</u>	
		The nev
name must he distinguishable and contain the word "corporation of the distinguishable and contain the mame." "Company" or "Co." may not be used in the name.	on" or "incorporated	1" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	\$10 do	
). If amending the registered agent and/or registered office new registered agent and/or the new registered office ade		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Fi	lorida street address)
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fami	vgent:	,
Sia	nature of New Regist	ered Agent if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President: V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	sec	Sarah SUEIRO-IBANEZ	15015 sw 24st miami,fl 33185
 x Remove 2) Change x Add 	sec	Armando Rodriguez-Roig	15015 sw 24 st Miami, FL 33185
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

•	
	
	
	<u></u>
	
The data of each arrandon and a sales of	ir a a a
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: 8/30/22	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

was/were sufficient for approval.

	ed by the board	rs or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.
•	Dated	130/22 Au
J.g.m.	(By	y the chairman or vice chairman of the board, president or other officer-if directors ive not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
		Cristina Guerra
		(Typed or printed name of person signing)
		Treasurer
		(Title of person signing)

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