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COVER LETTER

Division of Cor	porations	, ,		
SUBJECT:	Construct Name of Lin	10) Mast (ers Group LLC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	2	onner Gu	·56	
	Const	Name of Person Non Ma	SKIS Group LL	<u>'</u> _('
	904 W.	Blue Spring	is se	
	Orang	Address F	Com (fication)	
	Rg 30.	F.3 & Jahoo, to be used for Rudre annual report noise	COMPA	
	oncerning this matter, please c			
Name o	ner Gust	at (386) Daytin	37-9469 ne Telephone Number	
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 were filed on 4/25/3024Florida document number 1_240001.94895 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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:

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

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>	<u>Name</u>	Address	Type of Action
MGR	Conner Guse	904 W. Blue Springs AVC. Orunge C. Ty, Fl 327	Xadd
			□Remove
	_		□Change
MGR	_ Rubin Guse	904 W Blue Springs A	
		Orange C. M. Fd.	76.3 Remove
		-	□Change
AMBR	Robin Guze	904 W Blue Springs /	he Xidd
		Orange C. My, Fl	30745 □Remove
			□Change
			□Add
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<u>Note:</u>	ive date, if other than the date of filing: 4/25/2024 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
recor d is ti	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	5/23/ 2024.
	Signature of a member or authorized representative of a member