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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
	onsulting LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mitchel A. Walker		
		Name of Person	
	Masuen Consulting LLC		
		Firm/Company	<del></del>
	301 S. Washington Ave	Suite F	
		Address	<del> </del>
	Newport, WA 99156		
		City/State and Zip Code	·
	masuen@masuenconsul	ting.com to be used for future annual report not	245
For further information c	oncerning this matter, please c		inteacon
Mitchel A. Walker	,	509 590-6381	
	216	at () Area Code Daytic	70 1 3 N 1
Nume o	f Person	Area Code Daytie	ne Telephone Number
Enclosed is a check for the	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 Addres Registration 9	Section	<u>Street Address:</u> Registration Sc	
Division of C P.O. Box 632	•	Division of Co The Centre of	•
Tallahassee, l		•	pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Masuen Consulting LLC (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  $\frac{01/02/2004}{1}$ and assigned Florida document number \_\_\_\_\_\_\_ L0400000183 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 "L.L.C." 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: Enter Florida street address Florida \_ City

## 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
Managin <sub>i</sub>	Sabine Marcks	25110 N.W. 182nd Ave. High Springs, FL 32643	■Add
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			□Change
			🗆 Add
			□Remove
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fective date, if other than the date of filing:	(ontional)
fective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date  ote: If the date inserted in this block does not meet the applicable is becument's effective date on the Department of State's records.	te of filing or more than 90 days after filing.) Pursuant to 605.020 statutory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective time, a is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after th
February 24 2020	
1100	

Filing Fee: \$25.00

Typed or printed name of signee