

L06000026660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

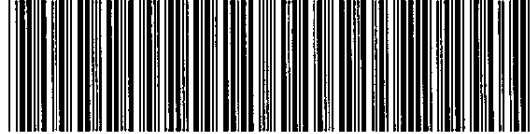
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200274034902

06/22/15--01012--018 **25.00

FILED
15 JUN 22 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 24 2015
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mast & Company LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Norman Mast
Name of Person

Mast & Company LLC
Firm/Company

4611 Longleaf Lane
Address

Sarasota, FL 34241
City/State and Zip Code

Normruth1@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Norman Mast at (941) 809-4224
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Mast + Company, 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 03/14/2006 and assigned Florida document number LO6000026660

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 end with 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)

FILED
15 JUN 22 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Ruth Mast

New Registered Office Address:

4611 Longleaf Lane

Enter Florida Street address

Sarasota
City

Florida

34241
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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR V. P.	Ruth Mast	4611 Longleaf Lane	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34241	<input type="checkbox"/> Remove
ST	Ruth Mast	4611 Longleaf Lane	<input type="checkbox"/> Add
		Sarasota, FL 34241	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 15 JUN 22 AM 11:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

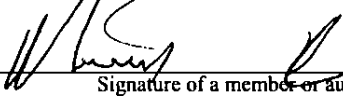
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This letter is to have Title
of Ruth Mast changed from
ST to MGR to give her
authority to make changes to
LLC & other major business & Financial decisions

E. Effective date, if other than the date of filing: -immediately (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 18, 2015


Signature of a member or authorized representative of a member

Norman Mast

Typed or printed name of signee

FILED
15 JUN 22 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA