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**EXAMINER** 

## **COVER LETTER**

TO:	Registration Secti Division of Corpo					
SUBJE	<sub>CT:</sub> Mason Ste	ele, LLC				
			ited Liability Company)			
The enc	osed Articles of An	nendment and fec(s) are sub	omitted for filing.			
Please re	eturn all correspond	ence concerning this matter	to the following:			
		Peter Troiano				
			(Name of Person)			
		Mason Steele, LLC				
			(Firm/Company)			
		5100 W. Copans Rd	Ste. 500			
		· · · · · · · · · · · · · · · · · · ·	(Address)	· <del>-</del> ··· ·		
		Margate, FL 33063				
		g,	(City/State and Zip Code)			
For furt	ner information cond	perning this matter, please c	all:			
Peter	Troiano		at ()			
(Name of Person)		(Area Code & Daytime	Telephone Number)			
Enclose	d is a check for the t	following amount:			2008 SEC	
<b>₹2</b> 5.	00 Filing Fee [	_]\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate Certified C (additional	MARA 7 COST ARCINET SIATE STATE STA	
	Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ions er Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mason Steele, LLC	Lilita Company of the work opposite on our persons.	
(A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on 10/26/07	and assigned
Florida document number <u>L07000108838</u>	<u></u> .	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," the designation	"LLC" or the abbreviation
B. If amending the registered agent and/or in registered agent and/or the new registered office		r the name of the new
Name of New Registered Agent:		200 TA
New Registered Office Address:		AR A
	(Enter Florida street d	addr SSR = 7
	, Florida _ (City)	
	(Cuy)	
N D		
New Registered Agent's Signature, if changing Regi	stered Agent:	ت مر
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prop accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	er and complete performance of my duties, and ed agent as provided for in Chapter 608, F.S. C stered office address, I hereby confirm that the	I am familiar with and Or, if this document is
	(If Changing Registered Agent, Signature of New	Registered Agent)

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

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address** Type of Action 5100 W. Copans Rd., Ste. 500 Any/all Kenneth J. Dunn Add Margate, FL 33063 MGRM Peter Troiano **V** Add 5100 W. Copans Rd., Ste. 500 Remove Margate, FL 33063 Ray Miles 5100 W. Copans Rd., Ste. 500 Add Margate, FL 33063 Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Principal Office and Mailing Address is 5100 W. Copans Rd., Suite 500, Margate, FL 33063 Dated February 15 2008 Signature of a member or authorized representative of a member 1 ROIANO PETER . Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00