

L07000110645

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(Address)

(City/State/Zip/Phone #)

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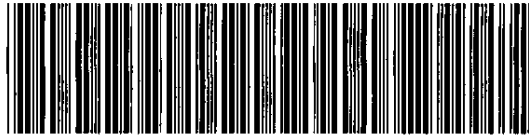
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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N. C. Wilson SEP - 1 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAS ENERGY, 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:

Peter J Gibson

Name of Person

Mas Energy LLC

Firm/Company

814 A1A North Ste 308

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

pgibson@mas-energy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter J Gibson

Name of Person

at (904)

825-0556

Area Code & Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
09 AUG 31 AM 11:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAS ENERGY, 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 November 1, 2007 and assigned
Florida document number L07000110645.

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:

814 A1A North Ste. 308

(Principal office address MUST BE A STREET ADDRESS)

Ponte Vedra Beach, FL 32082

Enter new mailing address, if applicable:

814 A1A North Ste. 308

(Mailing address MAY BE A POST OFFICE BOX)

Ponte Vedra Beach, FL 32082

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:

PJG Holding Group, LLC

New Registered Office Address:

814 A1A North Ste 308

Enter Florida street address

Ponte Vedra Beach

Florida

32082

City

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 608, 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 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:

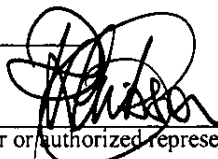
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mas Global, Inc	434 Sophia Terrace St. Augustine, FL 32095	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PJG Holding Group, LLC	814 A1A North, Ste 308 Ponte Vedra Beach, FL 32082	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dated _____,



Signature of a member or authorized representative of a member

Peter J. Gibson

Typed or printed name of signee