

LO7000125838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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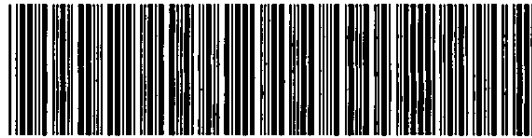
(Business Entity Name)

(Document Number)

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09 OCT 12 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. ~~Carroll~~ OCT 13 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A Masters Hand 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:

Cristy Parave

Name of Person

A Masters hand LLC

Firm/Company

2022 SE 29th Lane

Address

Cape Coral FL 33904

City/State and Zip Code

cristy0722@yahoo.com

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

For further information concerning this matter, please call:

Cristy Parave

Name of Person

at (239)

537-6434

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 OCT 12 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A Masters Hand 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 December 20, 2007 and assigned
Florida document number L07000125838.

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)

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:

Cristy Parave

New Registered Office Address:

2022 SE 29th Lane

Enter Florida street address

cape coral

Florida

33904

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	Cristy Parave	2022 SE 29th Lane Cape Coral, Florida 33904	<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
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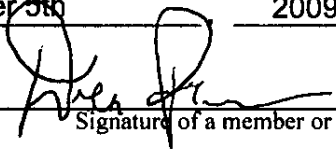
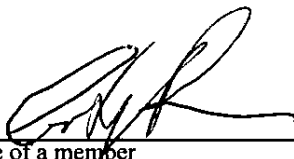
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dean Parave 50%

Cristy Parave 50%

FILED
 09 OCT 12 AM 10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated October 5th 2009



 Signature of a member or authorized representative of a member
 Dean Parave Cristy Parave
 Typed or printed name of signee