## Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H080001642813)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : 120070900020 : (813)435-3176 Phone Fax Number : (813)333-6358

LLC AMND/RESTATE/CORRECT OR M/MG RESIG

MASO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

M. THOMAS

Electronic Filing Menu

Corporate Filing Menu

JUHel 3 2008

EXAMINER

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASO, LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our ja Limited Liability Company)	records.)
<b>(</b>	,	G <sub>B</sub>
The Articles of Organization for this Limited Liability	Company were filed on 06/30/2008	n-and-assigned
Florida document number 1.08000063496	•	ES T
1 lotter cocument number 1 lotter language	· <b>Bd</b>	製 2
	•	
This amendment is submitted to amend the following:		mg 3
A. If amending name, enter the new name of the lin	nited liability company here:	A G. 20
MOSO, LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
	, -	
Tratamana mailing address if ampliable.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·- · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or regi		ds, <u>enter the name of the ne</u>
registered agent and/or the new registered office ad	uress nore:	·
·		
Name of New Registered Agent:		
New Registered Office Address:	•	
	(Enter Flori	da street address)
		Florida
	(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:

<u>le</u>	<u>Name</u>	Address	Type of Actio
			· · · · · · · · · · · · · · · · · · ·
	<del></del>		<b>=</b> .
			- D
<del></del>			Add Remove
If amei	iding any other information, e	nter change(s) here: (Attach additional sheets,	if necessary.)
			08 JUL -2  SECKETAR ALL/HASE
-			高量 L 型
	7/1/	Zou8.	FILED  -2 AM 8: 20  ASSEE FLORIDA

Page 2 of 2

Filing Fee: \$25.00