

L09000040329

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MASTERCRAFT BUILDER GROUP, LLC**

Certificate of Status	0
Certified Copy	1
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COVER LETTER

H25000000214

**TO: Registration Section
Division of Corporations**

SUBJECT: MasterCraft Builder Group, 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:

Silvia Querales

Name of Person

Perry Homes of Florida, LLC

Firm/Company

3200 Southwest Fwy, Suite 2800

Address

Houston, Texas 77027

City/State and Zip Code

Michael.Brisch@perryhomes.com

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

For further information concerning this matter, please call:

Silvia Querales

346 227-7619

at (_____) _____

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

H25000000214

MasterCraft Builder Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLAHASSEE
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The Articles of Organization for this Limited Liability Company were filed on April 27, 2009 and assigned
Florida document number L09000040329.

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 contain 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:

Capitol Corporate Services, Inc.

New Registered Office Address:

515 East Park Avenue, 2nd Fl

Enter Florida street address

Tallahassee

Florida 32301

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 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.

Brian Radecki

Brian Radecki, Assistant Secretary, on
behalf of Capitol Corporate Services, Inc.

If Changing Registered Agent, Signature of New Registered Agent

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If removing authorized person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	Perry Homes of Florida, LLC	3200 Southwest Fwy, Suite 2800	<input checked="" type="checkbox"/> Add
		Houston, TX 77027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christopher S Shee	200 Business Park Cir, Suite 105	<input type="checkbox"/> Add
		Saint Augustine, FL 32095	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Brad Shee	200 Business Park Cir, Suite 105	<input type="checkbox"/> Add
		Saint Augustine, FL 32095	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

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STATE OF FLORIDA
TALLAHASSEE

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Dated December 2, 2024

Michael C. Brisch

-FC30308201A0483 ..

Signature of a member or authorized representative of a member

Michael C. Brisch

Typed or printed name of signee

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