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SECRETARY OF STATE
ALLAHASSEF F STATE

D. BRUCE

OCT 27 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	NASON Name of Limi	Men LL dited Liability Company	<u> </u>
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Vick	L'e Wheator Name of Person	7
	MA50	n Men LL Firm/Company	<u>.</u>
	34814	APPA/005A	<i>+∕</i>
	ZepH	YRH; 115 F/ City/State and Zip Code	3354/\$ 25
	Email address: (1 / W (a) Hot to be used for future annual report notifica	MAIL (AVE) 3 M
For further information of	concerning this matter, please of	eall:	D 2: 22
V: ckie	e Whenton of Person	at (8/3) 407 - Area Code & Daytime T	Celephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

MASON	nen L		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears mited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co	mpany were filed on <u>0</u> 5/6/	9/02/2009 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here	;	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Compan	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		ALL O	
(Principal office address MUST BE A STREET ADDRE	ESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SSEE PLONE	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ir records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Full	er Florida street address	
	City	, Florida 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Title Type of Action Name Address Matthew Bechler 38414 Remove ☐ Remove ☐ Add Remove ∏Add Remove Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00