L13000003570

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C. BRUMBLEY

JUN 2 4 2022

COVER LETTER

TO:	Registration Section
	Division of Corporations

MASS FTL 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:

SharonWagman

Name of Person

Firm/Company

875 Via Cabana 2B

Address

Boca Raton, FL 33432

City/State and Zip Code

sharon@advancedesigntec.com

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

For further information concerning this matter, please call:

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) S60.00 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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASS FTL LLC		
(<u>Name of the Limited 1</u> (A	iability Company as it now appears on our rec florida Limited Liability Company)	sords.)
The Articles of Organization for this Limited Liabi	• • •	and assigned
Florida document number L13000003570		
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	<u>e limíted liability company here</u> :	
MASS Fort Lauderdale 1117, LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		2022
(Mailing address MAY BE A POST OFFICE BO	X)	
		· () ⁻
B. If amending the registered agent and/or regis	stered office address on our records, en	
agent and/or the new registered office address h	ere:	P-1233
		ω
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		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 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.

If amending 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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			🗆 Adđ
			□Remove
		<u></u>	□Change
			🗆 Add
			🗆 Remove
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			□Change
			🗆 Add
			🗆 Remove
		<u> </u>	🖸 Add
			□Change

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

<u> </u>

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

April 26	2022	
Dated		
	5/65	
,	Signature of a member or authorized representative of a member	
Sharon Wagman		
	The second	

Typed or printed name of signee