

L13000051137

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MAS INSURANCE & ACCOUNTING LLC
Account Number : 120170000039
Phone : (407)301-2659
Fax Number : (407)846-0320

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 NOV 23 AM 10:39

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: brenda.mas@aol.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAS INSURANCE & ACCOUNTING LLC**

Certificate of Status	0
Certified Copy	0
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S. PRATHER

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TALLAHASSEE, FLORIDA

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Help

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAS INSURANCE & ACCOUNTING 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:

BRENDA I MAS

Name of Person

Firm/Company

919 EMMETT ST

Address

KISSIMMEE FL 34741

City/State and Zip Code

BRENDA.MAS@AOL.COM

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

For further information concerning this matter, please call:

BRENDA I MAS

Name of Person

407
at (_____) _____
Area Code

3012659
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAS INSURANCE & ACCOUNTING LLC

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

2021 NOV 23 AM 10:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/18/2013 and assigned
 Florida document number L13000057137.

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:

New Registered Office Address:

Enter Florida 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 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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

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

[illegible]

E. Effective date, if other than the date of filing: 11/17/2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated NOVEMBER 17 2021

Signature of a member or authorized representative _____

Signature of a member or authorized representative of a member

BRENDA I MAS

Typed or printed name of signee

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CLERK, JUDICIAL
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00