L13000175910





200419217662

11/28/23--01019--003 **03.05



COVER LETTER

TO: Registration S Division of Co	rporations		
SUBJECT: M	ass Junctio	M, LLC.	
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LeToya f	30 yne	
	Mass ju	NCTION LLC. Firm/Company	
	4910 SW 1	14th Way Address	
	Davie, Fl Letoya. Ste	City/State and Zip Code OIVS @ 9 M a 1 to be used for future annual report notif	. (O)
For further information	concerning this matter, please ca		,
LeToya E	BDVN-C of Person	at (954) Lo49 Area Code Daytime	- Lo 49 c 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)

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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

Masis Junctus (Name of the Limited Liability Compan (A Florida Limited Li	
(A Florida Limited Limited Limited Liability Company of Florida document number <u>L1300175910</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile BOYNE RANCH LIMITED LIC The new name must be distinguishable and contain the words "Limited Liabili"	ability Company
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	4910 SW 114th Way Davie, FL 33330
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	4910 JW 114th Way Davie, FL 33330
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address:	Enter 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
 			□Add
			Remove
			
			□Remove
			☐ Change
	· · · · · · · · · · · · · · · · · · ·	7	□ Add
			□ Remove
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effec <u>e:</u> l	tive date, if other than the date of filing:
ord file	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 d.
ed _	Nov. 25 . 2023.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	$I \cap I \setminus A \setminus I \cap I \longrightarrow A \setminus I \setminus I \setminus I \cap I$