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| (Do | cument Number) | |
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Sc Division of Cor | | |
|--|---|---------------|
| BOBCAT | OF FORT MYERS, LLC | |
| SUBJECT: | Name of Limited Liability Company | |
| | | |
| The enclosed Articles of | Amendment and fee(s) are submitted for filing. | |
| Please return all correspo | ondence concerning this matter to the following: | |
| | HILLA DDI: | |
| | Name of Person | |
| | | |
| | Mas Group of Companies Corp. Firm/Company | |
| | rinivCompany | |
| | 100 Miracle Mile Ste 400 | |
| | Address |) (1) |
| | 33134 2 2 3 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 9995 NIL 16 |
| | City/State and Zip Code julie@masgroupcorp.com | == |
| | | |
| | 사람들은 사람들이 되었다. 그 사람들은 사람들은 사람들은 사람들은 사람들이 되었다. | K |
| For further information c | concerning this matter, please call: | ب. |
| Julia Bru | at (305) 608-7911 (707) Of Person Area Code Daytime Telephone Number | Ŧ |
| Name o | of Person Area Code Daytime Telephone Number | |
| Enclosed is a check for the | he following amount: | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. | |
| = 000000 Filmg 1 00 | Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | |
| | | |
| Mailing Address | Street Address: | |
| Registration 5 | Section Registration Section | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

| BOBCAT OF FORT MYERS, LLC | | | | |
|---|--|---------------------------------|--------------------------|--|
| (Name of the Limite | d Liability Company as it now appear A Florida Limited Liability Company) | 's on our records.) | _ | |
| ne Articles of Organization for this Limited Liability Company were filed on 02/27/2014 | | /27/2014 | and assigned | |
| lorida document number 1.14000035118 | · | | | |
| his amendment is submitted to amend the follo | wing: | | | |
| If amending name, enter the new name of | the limited liability company he | <u>ere</u> : | | |
| | | | | |
| ne new name must be distinguishable and contain the wo | ords "Limited Liability Company," the d | esignation "LLC" or the abbrev | riation "L.L.C." | |
| nter new principal offices address, if applica | ible: | | | |
| Prin <u>cipal office address MUST BE A STREE</u> | TADDRESS) | <u> </u> | 23 | |
| | | | | |
| | | | 255 755 19 | |
| nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | | | <u> </u> | |
| | | <u> </u> | - <u>5</u> 55 5 7 | |
| | | | <u> 3취 :</u> - | |
| If amending the registered agent and/or regent and/or the new registered office address | | ecords, <u>enter the name o</u> | f the new registered | |
| Name of New Registered Agent: | | - | | |
| New Registered Office Address: | 100 MIRACLE MILE, SUITE 40 | 0 | | |
| | Enter Flor | rida street address | | |
| | CORAL GABLES | , Florida <u>33134</u> | | |
| | City | | Zip Code | |

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

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> | Name | Address | Type of Action |
|--------------|-----------------|-----------------------------|--|
| MGR | JUAN CARLOS MAS | 100 MIRACLE MILE, SUITE 400 | □Add |
| | | CORAL GABLES, FL 33134 | □Remove |
| | | | ■ Change |
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| D. If amending any other inform | ation, enter change(s | s) here: (Attach a | dditional sheets, if n | ecessary.) | | |
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| F. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this I document's effective date on the list | ust be specific and cannot be block does not meet the | be prior to date of filing applicable statutory | g or more than 90 days a r filing requirements, | otional) fter filing.) Pursuant to 60 this date will not be lis | 5.0207 (3)(1 ted as the | h) |
| If the record specifies a delayed effect record is filed. | ive date, but not an effec | ctive time, at 12:01 | a.m. on the earlier of | (b) The 90th day affo | er the | |
| Dated JULY 9. | 2025 | | | | 2025 JUL | <u>.</u> |
| | Signature of a member | or aufhorized represen | itative of a member | SST VAN | , 16 | 1 |
| JUAN CALOS MAS | Toront of | or printed name of sig | | | P | |
| | 1 yped C | or printed hante of sig | ncc | 020) | 5: 14 | |

Filing Fee: \$25.00