

L14600078709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

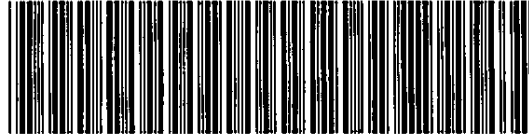
(Business Entity Name)

(Document Number)

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11/22/16--01007--005 **55.00

RECEIVED
2016 NOV 21 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
16 DEC -5 PM 4:09
DIVISION OF CORPORATIONS

O SIMMONS
DEC 09 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2016

SALAHUDDIN MASTERS
8718 BLAZE CT
DAVIE, FL 33328

SUBJECT: MASTERS PROPERTY LLC
Ref. Number: L14000078709

RECEIVED
2016 DEC -5 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MASTERS PROPERTY LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 216A00025105

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MASTERS PROPERTY 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:

SALAHUDDIN MASTERS
Name of Person
MASTERS PROPERTY LLC
Firm/Company
8718 BLAZE CT
Address
DAVIE, FL 33328
City/State and Zip Code
salmasters@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SALAHUDDIN MASTERS at (954) 326 0423
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

MASTERS PROPERTY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/15/2014 and assigned
Florida document number L14000078709

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SHUAIB MASTERS	8718 BLAZE CT DAVIE, FL 33328	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	HAZRA MASTERS	8718 BLAZE CT DAVIE, FL 33328	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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16 DEC -5 PM 4:10
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01/15/16 CT 10:10 AM
AMBR

FILED

16 DEC -5 PM 4:10
DIVISION OF CONCORDATIONS

16 DEC -5 PM 4: 10
DIVISION OF COMMUNITY WORK

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(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)

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 DECEMBER 2^{NO}, 2016

~~Chadler~~

Signature of a member or authorized representative of a member

SALAHUDDIN MASTERS

Typed or printed name of signee