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Division of Corporations

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From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 : (323)962-8600 : (323)962-3889 Fax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MASTERS GENERAL CONTRACTING, LLC

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S. YOUNG

Page 3 of 6		1/9/2015 8:39:21 AM P		13239628300 From: Amanda Sando
	m Shaw		•*************************************	В р.5
10: Registration Secti Division of Corpo			. *	
MASTERS O	GËNERAË CONT			
	Nam	e of Limited Liability Company		
The enclosed Articles of Art Please return all correspond		matter to the following:		
	Cheyenne Messe	Name of Person		,
	1 1	7		
	Legalzoom.com,	inc.		
	i.egaizoom.com,	Firm/Company		
	100 W. Broadwa	Firm/Company	**************************************	
		Firm/Company		
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Imelda Vasquez

323 962-8600 ext 7950 Daytime Telephone Number Name of Person Area Code

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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

Jan 06 15 06:30p

William Shaw

7275965848

p.2

OF

MASTERS GENERAL CONTRACTING	3. LLC	
	y Company as it now appears on our rec Limited Liability Company)	ord«.)
The Articles of Organization for this Limited Liability Co. Florida document number L14000168849		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the words "Lin	nited 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 ADDR		
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent:	ress nere:	
New Registered Office Address:	Enter Florida street ada	drass
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and conaccept the obligations of my position as registered agent peing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, yent as provided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is
	If Changing Registered Agent, Signatu	re of New Registered Agent
	Page 1 of 3	M -9 PN 3: 56 NATAIRY OF STATE NASSEE, FLORIDA

. Jan 06 15 06:30p William Shaw

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Bill Shaw	410 Islebay Drive	D Add
		Apollo Beach, FL 33572	🗹 Remove
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1/9/2015 8:39:21 AM PST

13239628300 From, Amanda Sando

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	ate must be specific, cannot be prior to date of receipt ocument is filed by the Florida Department of State)	or filed date and cannot be more tha	n 90 days after	
Dated 17	2014			
Dated	PARL	·		
	Signature of a member or	authorized representative of a memb	er	
		Brent Shaw		
_	Typed or p	orinted name of signee		

Page 3 of 3

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