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## **COVER LETTER**

TO: Registration S Division of Co		۶	
SUBJECT:	MASIO LLC Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Vitalig	masio	
	<del></del>	Name of Person	
		Firm/Company	
	4143 F	Address Ave N	0/15 PO/+ IFL 34286
	VMasLo1	City/State and Zip Code  Omail. (Omail)  To be used for future annual report noti	
			fication)
Vitaliy	concerning this matter, please ca	all:  at ( <u>941</u> <b>223</b> Area Code Daytim	- 3916
	of Person	Area Code Daytim	e 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MasLo LL	
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) led Liability Company)
The Articles of Organization for this Limited Liability Comparing L 15 000036266.	any were filed on 2/13/15 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
Masto Pro Painting  The new name must be distinguishable and contain the words "Limited Li	LLC
The new name must be distinguishable and contain the words "Limited Li	iability 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)	2
	we be the
Enter new mailing address, if applicable:	· 0 1
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	- 29
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b	l office address on our records, <u>enter the name of the new</u> nere:
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 Age	nt:

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 = M $AMBR = A$	lanager .uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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			☐ Remove
			Change
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			Remove
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\_ Change

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Signature of a member or authorized representative of a member	ated _	3/13/19
Signature of a member or authorized representative of a member		William ale

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Filing Fee: \$25.00