

L15000050302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

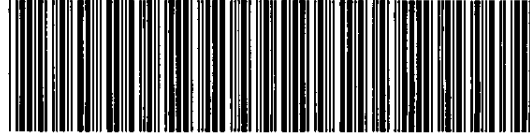
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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ATTORNEYS AT LAW • SINCE 1948

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LAKE WALES
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FAX (863) 676-0643

April 1, 2015

Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: M Mason Rentals 2, LLC

Gentlemen:

I enclosed the following documents:

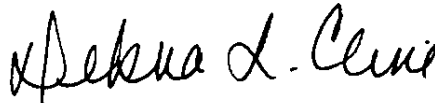
1. Original and one copy of the Articles of Amendment to Articles of Organization of M Mason Rentals 2, LLC.

2. A check payable to the Department of State for charges as follows:

Filing fee	\$ 25.00
Certified copy	<u>30.00</u>
	\$ 55.00

Please file the Articles of Amendment and send me a certified copy of the filed Articles of Amendment. Please call me if you have any questions.

With kindest regards,



Debra L. Cline

:jml

Enclosures

cc: Mr. Matthew S. Mason

M. DAVID ALEXANDER, III
JOHN B. ALLEN
PHILIP O. ALLEN
KEVIN A. ASHLEY
JACK P. BRANDON
JOSHUA K. BROWN
DEBRA L. CLINE

J. DAVIS CONNOR
DAVID G. FISHER
JOHN R. GRIFFITH
DAVID E. GRISHAM
WILLIAM H. HARRELL
TIMOTHY E. KILEY
KEVIN C. KNOWLTON

DAVID A. MILLER
CHRIS M. MORRISON
CORNEAL B. MYERS
E. BLAKE PAUL
ROBERT E. PUTERBAUGH
THOMAS B. PUTNAM, JR.
DEBORAH A. RUSTER

STEPHEN R. SENN
LOUISE W. SPIVEY
MATTHEW J. VAUGHN
KEITH H. WADSWORTH



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR -3 PM 12:09

M. Mason Rentals 2, 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 March 23, 2015 and assigned
Florida document number L15000050302.

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 end with 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)

115 W. Lake Marion Road

Haines City, FL 33844

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

115 W. Lake Marion Road

Haines City, FL 33844

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:

115 W. Lake Marion Road

Enter Florida street address

Haines City, Florida 33844

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

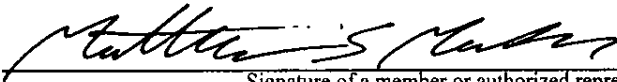
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 1, 2015



Signature of a member or authorized representative of a member

Matthew S. Mason

Typed or printed name of signee