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DEC 15 2015 S. YOUNG

COVER LETTER *

TO: Registration Sect Division of Corpo					
SUBJECT:	SF MAS	SONATY LLC ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:	,		
	Sau	Benite			
		Name of Person MaSo Ward Firm/Company	LLO,		
		Firm/Company Shy St W Address	SECRET	15 DEC	TI
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	Mlaamultis E-mail address: (1	City/State and Zip Code Seluces and Cip Code to be used for future annual report notificat	2 SE	5: 22	
For further information cor	ncerning this matter, please ca	ail:			
Mas for	van de Z	at (<u>239)</u> <u>205–6</u> Area Code Daytime Te	o631	_	
Mairie VI	Cisci				
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 Fe Certificate of S Certified Copy	Status &	ķ

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C	SO PARU (Company as it now appears on our records.)
(A Florida Lin	nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on <u>April 17, 2015</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
RDLS MASON	Ry LLC
	Liability Company," the designation "LLC" or the appreviation "L.L.C."
Enter new principal offices address, if applicable:	4004 1044 57 1
(Principal office address MUST BE A STREET ADDRES	s Lettigh ACRES, FL 33471
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PM 5: 22 FLORIDA
registered agent and/or the new registered office address	
Name of New Registered Agent:	soul Bevitez
New Registered Office Address: \$\(\frac{4}{2} \)	104 1064 St Ukst Enter Florida street address
<u>let</u>	104 1064 St What Enter Florida street address 19h ACKES, Florida 33971 City Zip Code
Now Desistand Assetts Signature if shought Desistand A	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 **Title** <u>Name</u> **Address Type of Action** Fernando Perez Negon 1117 Navajo ave ☐ Change □ Add ☐ Remove **G**Change □ Remove <u>~</u>□ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add

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Typed or printed name of signee

Filing Fee: \$25.00

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Miran del titulat / Holder's Agnature / Signature du titulaire

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DIRECTION DEL TITULAR (HOLDER'S ADDRESS ADDRES
C.P. Teléfono:
Entidud Federativa:
Dirección:
Nombres

En caso de que el titular de este pasaporte requiera de asistencia o protección del gobierno menicano, ce recomienda acuda o la representación diplomática o consular más cercana. Para su protección escriba nombre consular más cercana. Para su protección de una persona a quien se pueda avisar en caso de emergencia.