L15000118704

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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COVER LETTER

TO: Registration Section Division of Corporat	ions		
SUBJECT: Mas	sten Rea Name of Limit	1ty Group, ed Liability Company	LLC
The enclosed Articles of Amen	dment and fee(s) are subn	nitted for filing.	
Please return all correspondence	e concerning this matter to	o the following:	
	Jul	Name of Person	
_	Maste	n Roulty G	voup_
	868 Si	\VCVWOOd Address	
_	Laker ium	City/State and Zip Code ASten Guaha Coope be used for future annual report notifical	746 OM
_		\	tion)
For further information concern	ling this matter, please cal	II:	
Julie Mast Name of Person	n	at (2467) 921- Area Code Daytime Te	elephone Number
Enclosed is a check for the foll-	owing 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

Masten Realty Group, LLC				
(<u>Name of the Limited Liab</u> i (A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Florida document number L15000118704	Company were filed on 7/6/2015		and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	on "LLC" or the abbrev	iation "L.L.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	DRESS)			
Enter new mailing address, if applicable:		•	he .	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
				**
		3.2 (2.7 (2.7		
B. If amending the registered agent and/or reg		ecords, enter the	name of	the nev
registered agent and/or the new registered office ad	dress nere:	<u></u>	TK.	두 명 준 - ###################################
		က္က	သ: 0	
Name of New Registered Agent:			<u>ිසි</u> සි_	
New Registered Office Address:				
	Enter Florida stree	t 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>	Name	<u>Address</u>	Type of Action
MGR	Julie W. Masten	868 Silverwood Drive, Lake Mary,	■ Add
			Remove
			Change
			□ Add
			Remove
			☐ Change
			SSSS L SSSSS Remove
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Typed or printed name of signee

Filing Fee: \$25.00