

LI5000179492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

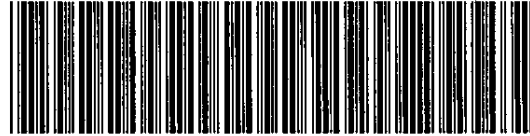
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

627



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2015

KATHY GRINER
5501 S FLA AVE
LAKELAND, FL 33811

SUBJECT: MASONS LIVE LLC
Ref. Number: L15000139492

We have received your document for MASONS LIVE LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 115A00024947

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mason's Live LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Griner
Name of Person

Mason's Live LLC
Firm/Company

5501 S. Fla Ave
Address

Lake land, FL 33811
City/State and Zip Code

Kathyatmidway@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Griner at (863) 709-1100
Name of Person Area Code Daytime 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**

Mason's Live 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 8/14/2015 and assigned Florida document number 415000139492

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 contain 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)

5501 S. Fla Ave
Lakeland, FL 33811

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1020 W. Pipkin Rd
Lakeland, FL 33811

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:

Enter Florida street address

City, Florida 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Barry G. Carew	818 Carleton St	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33811	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David Fields	5011 Layton Lane	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33811	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE
ADM ASSIST. E. L. DRIO

15 DEC -8 PM 5:17
SECRETARY OF STATE
ANNAPOLIS, FLORIDA

12-7-15

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Dec 07, 2015

Kathleen Greener
Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

Kathleen Griner

Typed or printed name of signee