# 190021300

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SECRETARY OF STATE

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S. YOUNG

# **COVER LETTER**

TO: Registration Sect Division of Corpo				
SUBJECT: MOS	STER ONE Name of Lim	CONSTRUCTION (Ited Liability Company	U TIC	
	mendment and fee(s) are sub	•		
Please return all correspond	lence concerning this matter	to the following:		
	<u>Jes</u>	Sica Espinal Name of Person		
		Firm/Company		苦器
	1369	NW 775t		REI ART
	<u> Miar</u>	Address  Ni Fl 33147  City/State and Zip Code	<del>1</del>	-0 :ng
	E-mail address: (i		mail.com	FLORIDA FLORIDA
For further information con	cerning this matter, please ca	all:		
Name of F	Espiral	at (504) 428 (Area Code Daytime To	elephone 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

Master One Construction LV	<u>)</u>
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Company were filed on December 15000013007	SE 28, 2015 and assigned
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  Enter new principal offices address, if applicable:	"LLC" or the abbreviation "L.L.C."
• • • • • • • • • • • • • • • • • • • •	in the second se
(Principal office address MUST BE A STREET ADDRESS)	T SW
	29 SS S
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	cords, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street	address
	Florida

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOSE I. VERSQUEZ	1369 NW 77 St	🗖 Add
		Miami Fl 3314	→ DF Remove
			Change
AMBR	JOSE I. Vebaque	1369 NW 77 St	Add
		Miami FL 33147	□ Remove
			□ Change
MBR	Jessica S. Espira	1369 NW 77st	
		Hiami FL 3314	7□ Remove
			Change
			SECRET
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Note: If the date inserte	er than the date of fili the date must be specific a sed in this block does no ate on the Department of	t meet the applical	o date of filing or mor ble statutory filing	(optiona e than 90 days after fili requirements, this da	il) ng.) Pursuant to 605.0207 ite will not be listed as
e record specifies The 90th day afte	a delayed effective er the record is file	e date, but not d.	an effective tir	ne, at 12:01 a.n	n. on the earlier o
Dated 34 +	February	1, 2016	2.		
		$\mathcal{N} \subset \mathcal{N}$	2000	0	
	Signature of	a member or author	cized representative o	f a member	

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Filing Fee: \$25.00