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PRECE LIMIT S & NUM

## **COVER LETTER**

	ation Section of Corporations					
SUBJECT:	Ted Pa	Name of Limit	Master M ted Liability Company	lachan	ics, LLC	
	• :					
The enclosed Art	icles of Amendment	and fee(s) are subn	nitted for filing.			
Please return all	correspondence conce	erning this matter t	o the following:			
		Ted 7	Name of Person			
		Ted Pan	eson Mast	er Macl	hanics, LI	در
		13130	Sherma	n Driv	(e	
		Hudso	City/State and Zip Code	34667		
	<u>Kar</u>	entooker E-mail address: (10	o be used for future annual re		2016 SEC	
For further inform	nation concerning thi	s matter, please ca	11:		AHET MAN	
Kai	en Took	ور	at (863)	+14-03	128 15 3 15 3 15 3	
Enclosed is a che	Name of Person  ck for the following a	amount:	Area Code	Daytime Telephor	P 2: 16	
\$25.00 Filing		Filing Fee & icate 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)	ı
	MAILING ADDRE Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	Registration Division on Clifton Bu 2661 Exec	f Corporations		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

led Paneson Ma:	ster Machanics L		
(A Florida	y Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L 1600005295</u>	ompany were filed on 31511	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limi</u> t	ted liability company here:		
Ted Paneson Master M			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" of	r the abbreviation "L."	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)	<del> </del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	***		<del></del>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		enter the name	of the new
•		IB MAR	77
Name of New Registered Agent:		AR 2	Faranan
New Registered Office Address:	Enter Florida street address	_ <u>m</u> < <b>∞</b>	<del></del>
		75 P	Ö
<del></del>	, Flori	da 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	Address	Type of Action
			□ Add
			Remove
			□ Change
			🗆 Add
			Remove
			Change
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n effective date is lis ote: If the date ins	sted, the date must be sp serted in this block do e date on the Departn	ecific and canno ses not meet th	t be prior to date le applicable st	of filing or more t	han 90 days af	ter filing	.) Pursua	nt to 605.020 t be listed a
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