## K16000073181

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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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FILED 2022 SEP 23 PM 3: 42

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September 21, 2022

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom it May Concern:

Enclosed is the completed form to amend the Articles of Organization for my company, Masco Enterprises, along with a check in the amount of \$55 for the filing fee and certified copy to be returned to me.

Gregory S. Allen Masco Enterprises, LLC 5858 Coopers Basin Drive Milton, FL 32583

Daytime Telephone: 850-712-7455

Thank you.

Gregory S. Allen

## **COVER LETTER**

TO:		istration Sect ision of Corp				
CHD IC	ær.			·	•1	
SUBJE	C.I:		Name of Limite	ed Liability Company		
The enc	losed	Articles of A	mendment and fee(s) are subm	itted for filing.		
Please r	eturn	all correspon-	dence concerning this matter to	the following:		
			Gregory Scott Allen, P.E.			_
	Division of Corporations  Masco Enterprises, LLC.  Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing.  eturn all correspondence concerning this matter to the following:					
			Masco Enterprises, LLC.			
				Firm/Company		_
			5858 Coopers Basin Drive			
				Address		_
			Milton, Florida 32583			
				submitted for filing.  ter to the following:  E.  Name of Person  C.  Firm/Company  rive  Address  City/State and Zip Code  cs.us  ss: (to be used for future annual report notification)  se call:  at (\frac{850}{\text{Area Code}}) \frac{7127455}{\text{Daytime Telephone Number}}  \$\inc{850}{\text{Certified Copy}} \text{Certified Copy}		
For fue	dase ii	aformation co		Name of Limited Liability Company  ent and fee(s) are submitted for filing.  brocerning this matter to the following:  ory Scott Allen, P.E.  Name of Person  o Enterprises, LLC.  Firm/Company  Coopers Basin Drive  Address  on, Florida 32583  City/State and Zip Code  (@mascoenterprises.us  E-mail address: (to be used for future annual report notification)  g this matter, please call:  at (		
			neering this matter, picase car		55	
Gregor	y S. 7		0	at ( )		
		Name of	Person	Area Code	zaytime refermione statu	~1
Enclose	ed is a	a check for the	following amount:			
□ \$2:	5.00 E	Filing Fee		Certified Copy	Certifi d) Certifi	cate of Status & ed Copy
	<u>Ma</u>	iling Address	<u>.</u> i.a.	<u>Street Addr</u> Rooistratie		

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Masco Enterprises, LLC.		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L16000073181</u>	pany were filed on Masco Enterprises, LLC.	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	hability 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 ADDRES	<u></u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2022 SEP 23 PM SECKETARY OF TALLAHAS SEE. IN
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the na</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
EVP	Bob L. Worley, P.E.	6310 Heart Pine Drive	□ Add
		Pensacola, Florida 32504	Remove
			□Change
			□ Add
			□Remove
			Change
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Filing Fee: \$25.00