L16000/1366A

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JAN 16 2020



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	01/15/2020		
Name:	Chris Vick		
	#:1175935		
	e:	MASB, LLC	<u> </u>
☐ Artic	les of Incorporation/Authoriz	ation to Transact Business	
✓ Ame	endment		
Char	nge of Agent		
☐ Rein	statement		
Con	version		
☐ Merç	ger		
☐ Diss	olution/Withdrawal		
Fiction	tious Name		
Othe	er/		
Authorized	Amount: \$25.00		

F: 800.944.6607

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MASB, LLC		
(Name of the Limited Liability (A Florida)	Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co Florida document numberL16000113662	ompany were filed on	06/14/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company her	SECRET TALL!	2018 JAN
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the de	signation "LLC" or the abb	reviation "L.L.G.?"
Enter new principal offices address, if applicable:		$S_{\mathcal{L}}^{\mathcal{L}}$	
(Principal office address MUST BE A STREET ADDRI	<u> </u>	2	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registored agent and/or the new registered office address.		our records, enter t	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da 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 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>	Address	Type of Action
AMBR	Michael A. Sachs Trust dtd. 12/8/93	151 Seminole Avenue	□ Add
		Palm Beach, FL 33480	
			Change
AMBR	Darrell Louella Kanew	151 Seminole Avenue	XX Add
		Palm Beach, FL 33480	& Remove
			SET CE
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Filing Fee: \$25.00