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2019 APR 25 AH 7: 41

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## **COVER LETTER**

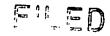
	egistration Se division of Cor						
SUBJECT		alty Services, LLC					
Name of Limited Liability Company							
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please retu	m all correspo	ondence concerning this matter	to the following:				
		Jonathan Philips					
		MASH Realty Services, L	Name of Person				
			Firm/Company				
		1835 Kings Road					
		Jacksonville Beach, FL 32	Address				
		philips@MASHrealty.com	City/State and Zip Code				
		E-mail address: (	to be used for future annual report notifi	cation)			
For further	information co	oncerning this matter, please c	all:				
Jonathan P	hilips		904 576-0051 at ()				
	Name of	f Person	Area Code Daytime	Telephone Number			
Enclosed is	a check for th	e 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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 APR 25 AM 7: 47

MASH Realty Services, LLC A 1.35 A (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 06/30/2016 and assigned Florida document number  $\frac{1.16000125502}{}$ 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Florido 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

If Changing Registered Agent, Signature of New Registered Agent

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, 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
MGRM	Niki M.V. Philips	1835 Kings Road Jacksonville Beach, FL 32250	Add
			☐ Remove
			Change
			Remove
		<del></del>	Change
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the I	block does not meet the applicable	e statutory filing requirements, thi	s date will not be listed as the
the record specifies a delaye ) The 90th day after the re		n effective time, at 12:01	a.m. on the earlier of:
Dated April 19	2019		
	7/10		
-	Signature of a member or authorize	ed representative of a member	<del></del>

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Typed or printed name of signee

Filing Fee: \$25.00