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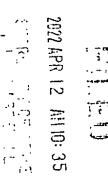
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D CUSHING

COVER LETTER

	gistration Se vision of Cor			
SUBJECT	Masterpiec	e Series. LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Carolyn Graham		
			Name of Person	
		Making Connections, LLC		
			Firm/Company	
		8216 Eaton Ave		
			Address	
		Jacksonville, FL 32211	;** !	202
			City/State and Zip Code	022 APR 12
		cjohnsongraham@gmail.co	om	 20
For further in	nformation c	E-mail address: (oncerning this matter, please c		
Carolyn Gra		- ,	904 370-9489	AT 10: 35
	Name o	f Person	Area Code Daytime Telephone Number	<i>S</i> 1
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	iling Addres		Street Address: Registration Section	
	_	forporations	Division of Corporations	
P.C	D. Box 632	7	The Centre of Tallahassee	
Tal	liahassee, I	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303



RECEIVED

2022 APR 12 AM 7:46

SECRETURY OF STATE TALLAHASSEE, FL

March 15, 2022

CAROLYN GRAHAM MAKING CONNECTIONS, LLC 8216 EATON AVE JACKSONVILLE, FL 32211

SUBJECT: MASTERPIECE SERIES LLC

Ref. Number: L16000227322

We have received your document for MASTERPIECE SERIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 722A00006162

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

102 PR 12 PR 12

Masterpiece Series, LLC

(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 December 16,2016	and assigned
Florida document number L16000227322		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Making Connections, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8216 Eaton Ave	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32211	
Enter new mailing address, if applicable:	PO Box 2564	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32223	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
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, 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
			□ Remove
			□Change
			□Add
			□Remove
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			□ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	-
an effect Fote: If	e date, if other than the date of filing:
l is filed	
ated	Signature of a member or authorized representative of a member Carolyn Graham
	· Clien
	Signature of a member or authorized representative of a member
	Carolyn Graham
	Typed or printed name of signee

Filing Fee: \$25.00