## 116000230904

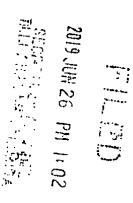
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## **COVER LETTER**

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		Amendment and fee(s) are sub	_	
		ERICK MAGNO	a mo rom mig	
		MAGNO & ASSOCIATE	Name of Person S L.P.	
		1401 BRICKELL AVE ST	Firm/Company	
		MIAMI, FL 33131	Address	
		PALOMA@MAGNOLAW	City/State and Zip Code	<del></del>
		<del>-</del>	to be used for future annual report not	ification)
For furth	ner information c	concerning this matter, please ca	all:	
OLIVIA	SCHUCHOVS	KI	305 379-4400	
	Name o	of Person		ne Telephone Number
Enclosed	l is a check for t	he 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)
	MAIL	ING ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMM INVESTMENTS IF LLC

EMENTAL ESTABLISTS IN LEC	
(Name of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company)	)
(// twinted trialing trialing trialing)	
The Articles of Organization for this Limited Liability Company were filed on 12/22/2016	and assigned
Florida document number L16000230904	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
MASON FAMILY HOLDINGS LLC	
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 ADDRESS)	
Enter new mailing address, if applicable:	Z2 2019
(Mailing address MAY BE A POST OFFICE BOX)	
	22
	112 0 134
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:	
	13 PM
Name of New Registered Agent:	1.
New Registered Office Address:	
Enter Florida street address	<del></del>

## 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.

City

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 a or removed from our records:

MGR = Manager

AMBR = Authorized Member						
<u>Title</u>	Name	Address	Type of Action			
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