L16000231068

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



700364358357

04/21/21--010:3--014 **80.00

2021 APR 21 AH 10: 34

Office Use Only

the.

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: SINCO MASS	HUS, UC t Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.
Please return all correspondence concerning this m	atter to the following:
<u>Em</u> Sine	Name of Person A Mayers, UL Firm/Company
8	21 SW 6 Avenue Address
wil	City/State and Zip Code
Shed E-mail addr	master 2017 @ gmail. com ress: (to be used for future annual report notification)
For further information concerning this matter, plea	ase call:
Emily Hubby Name of Person	at (352) 318 · 7991 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee X Certificate of State	© S55.00 Filing Fee & □ S60.00 Filing Fee, as Certified Copy Certificate of Status &
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	s. LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number LI60023[068].	were filed on $12 \cdot 22 \cdot 2016$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	tity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Boly Shea Masters, UE
Principal office address MUST BE A STREET ADDRESS)	821 SW 6 Avenue Willison FC 32646
Enter new mailing address, if applicable:	Shed Masters, LLC
Mailing address MAY BE A POST OFFICE BOX)	821 SW 6 AVENUE = -:
3. If amending the registered agent and/or registered office a	35. 21
igent and/or the new registered office address here:	AH O:
Name of New Registered Agent:	3 ₊
New Registered Office Address:	Enter Florida street address
	, Florida
Cow Bagistared Agent's Signature if changing Registered Agent:	

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
Mgr	Matthew 6. Brooks	241 S. Main St.	□Add
		241 S. Main St. Williston FL 32696	ixRemove
			, □Change
			Remove
			APEchange 10: 3 acmove
			□Change
			□Add
			[]Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

_				·							_
_											_
_		 .									_
_											_
										2021	
	· - · ·	-						LAHNS5		ĀPR	···:
_										R 21	-•
_					. .			<u> </u>	- •		_
					-				5 .	AM 10: 34	
								97.		<u>မ</u>	_
									>		
_										- .	-
_											_
											_
_									_	•	_
_											-
									_		_
	re date, if other ative date is listed, if If the date inserted int's effective date	ic date thas be spe	es not me	et the applic	io date or min	ig or more un	an 90 days al				
ote: I				vaffisorism ti	me, at 12:01	a.m. on the	e carlier of:	(b) The	: 90tl	h day aft	er the
lote: Hocumen	specifies a delaye	d effective date,	but not ar	rencenven							
ocument record	specifies a delaye	16		0.71							
ocument record	specifies a delaye			0.71							

Filing Fee: \$25.00