117000053827

Office Use Only



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**25. **2017 JUN 16 AM II **2017 JUN 16 AM II

JIM 10 2015 J. HARRIS

COVER LETTER

TO:		distration Sec ision of Corp						
SUBJI	ኮሮፕ.	Mast Enterpr						
SUBJI	EC1;	Name of Limited Liability Company						
The en	closed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please	return	all correspon	dence concerning this matter	to the following:				
			Shickell Dan Laidley					
			· · · · · · · · · · · · · · · · · · ·	Name of Person				
			Mast Enterprise					
	Firm/Company							
			12443 SW 193 Street					
				Address	······································			
			Miami, FL 33177					
				City/State and Zip Code	MANAGEMENT OF BUT A TOTAL OF THE STATE OF TH			
			mastenterprisellc@gmail.co					
			E-mail address: (t	o be used for future annual report i	notification)			
For fu	rther in	formation co	ncerning this matter, please ca	all:				
Devon	Yelde	ell		786 801-4501				
,		Name of	Person		time Telephone Number			
Enclos	sed is a	check for the	following amount:					
\$ 2	5.00 F	iling 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAST ENTERPRISE LLC		
(<u>Name of the Limited Liab</u> (A Flor	ullity Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L17000053827	Company were filed on MARCH 8TH, 2017	and assigned
The Articles of Organization for this Limited Liability Company were filed on MARCH 8TH, 2017 and assigned clorida document number L17000053827 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 abbreviations. L.C." The new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Conter new mailing address, if applicable:		
A. If amending name, enter the new name of the li	mited liability company here:	
		201
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	e abbreviation L.C."
Enter new principal offices address, if applicable:		No.
(Principal office address MUST BE A STREET ADI	DRESS)	
		CO - Same
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		
		er the name of the nev
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 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
MGR	Shickell Dan Laidley	12443 SW 193 Street, Miami, FL 3 3 177	= Add
			Remove
		4TT 1425TT 545TT 147TT 1	Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
	,		☐ Remove
			☐ Change
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			A CONTROLL RESIDENCE
			AHASSEE FIORIDA
			
		v	Emove
			Change

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fective date, if other than the an effective date is listed, the date musote: If the date inserted in this blocument's effective date on the December 2.	st be specific and cannot be prior to date of filing or more than 90 day ock does not meet the applicable statutory filing requirement	(optional) ss after filing.) Pursuant to 605.020' ts, this date will not be listed as
e record specifies a delayed The 90th day after the rec	d effective date, but not an effective time, at 12: ord is filed.	:01 a.m. on the earlier o
MARCH 29TH	2017	
0 1		2017 ALL
	WM///	AA S
	<i>(G/V)/</i>	
- July	Signature of a member or authorized representative of a member	116 ARN ASSI
Devon Yeldeli	Signature of a member or authorized representative of a member	(S) 2 - P

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Filing Fee: \$25.00