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Office Use Only



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## **COVER LETTER**

| Division of Corporations   |
|--|
| SUBJECT: Master Block Company LLC Name of Limited Liability Company  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:                         |
| Jamen Colla ZO  Name of Person   |
| Master Black Company Firm/Company  |
| 3115 Margar Combee road Address  |
| City/State and Zip Code  |
| E-mail address: (to be used for luture annual report notification)   |
| For further information concerning this matter, please call:   |
| Name of Person at (963) 273-0001  Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

TO:

Registration Section

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

| Moster Plant compa   | Max  |                       |             |             |
|--|--|-----------------------|-------------|-------------|
| (Name of the Limited Libbi<br>(A Florid  | lity Company as it now appears on our<br>da Limited Liability Company) | r_records.)           |             |             |
| The Articles of Organization for this Limited Liability (Florida document number <u>C17000729</u>  |  | 117                   | _ and as    | ssigned     |
| This amendment is submitted to amend the following:  |  |                       |             |             |
| A. If amending name, enter the new name of the lin   | nited liability company here:  |                       |             |             |
|  |  |                       |             |             |
| The new name must be distinguishable and contain the words "Lin  | mited Liability Company," the designation                              | on "LLC" or the abbre | viation *I  | L.C."       |
| Enter new principal offices address, if applicable:  |  |                       |             |             |
| (Principal office address MUST BE A STREET ADD   | RESS)  | -                     | .,          | 00          |
| 1 The state of the |  |                       |             |             |
|  |  |                       |             | <u>।</u>    |
| Enter new mailing address, if applicable:  |  |                       |             | <b>3</b> €7 |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                       | <del></del> | Pg.         |
| (Mailing duares MAT BE A POST OFFICE BOX)  |  |                       |             | <del></del> |
|  | <del> </del>   |                       | ·           | <u> </u>    |
| B. If amending the registered agent and/or regi  | istered office address on our i  | records, enter th     | e name      | of the nev  |
| registered agent and/or the new registered office add  |  | , <u></u>             |             |             |
|  |  |                       |             |             |
| Name of New Registered Agent:  |  |                       |             |             |
| New Registered Office Address:   | · · · · · · · · · · · · · · · · · · ·                                  |                       |             |             |
|  | Enter Florida stree  | et address            |             |             |
|  |  | Florida               |             |             |
|  | Сіқу   |                       | 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>                           | Name            | Address        | Type of Action     |  |
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| ctive date, if other than the date of filing:  | 8                 | (              | (optional)                                    |             |
| effective date is listed, the date must be specific and cannot be prior to can If the date inserted in this block does not meet the applicable | late of filing or |                |   |             |
| ment's effective date on the Department of State's records.  |                   | mg requirement | S, mil date mil in                            | 7. OC 1150  |
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| ecord specifies a delayed effective date, but not a  | in effective      | time, at 12:   | 01 a.m. on th                                 | e earlie    |
| e 90th day after the record is filed.  |                   |                |   |             |
| d 7/1/18   |                   |                |   |             |
| d 7/1/18   | •                 |                |   |             |
|  |                   |                |   |             |
|  |                   |                |   |             |
| Signature of a member or authorize   | ed representati   | ve of a member |   |             |

Page 3 of 3

Filing Fee: \$25.00