L17000 121 886



(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
•		
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(8	usiness Entity Name	₽)
(D	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
	<u></u>	. <u>-</u>





600425201596

03/11/24--01024--002 **35.00

61 :0 120 F. 6: 13

COVER LETTER

TO:

TO: Registration Division of C	l l		
SUBJECT:	Floridahomesbo	caraton. Com LL ted Liability Company	C
	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fec(s) are subs	nitted for filing.	
	spondence concerning this matter	_	
	Larry Ma		
	1110 110514	Opici Group Firm/Company	
	150 E Palme	Ho Park Rd., Si	ile 800
	Ban Rato.	1, FL 33432 City/State and Zip Code	
	Larry @ dis	COVERSOUTHFOOD La	· COJM
For further information	in concerning this matter, please co		·
Larry M	astropierí	at (561) 569 -	7954
Nan	ne of Person	Area Code Daytim	e Telephone Number
	or the following amount:		
S25.00 Filing Fee	Certificate of Status	S55:00 Filing Fee & Certified Copy (additional copy is enclased)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
P.O. Box	on Section f Corporations 5327	Street Address: Registration Se Division of Co The Centre of	rporations Fallahassee
i allahasse	e, FL 32314	2415 N. Monro	e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	caratonion LLC
(Name of the Limited Liab) (A Flori	llity Company as it now appears on our records.) ida Limited Liability Company)
	. 1 1
The Articles of Organization for this Limited Liability	Company were filed on 6/05/2017 and assigned
Florida document number <u>L17000121 886</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the ill	mited Hability company here:
The Mastrop	
The new name must be distinguishable and contain the words h	imited Liability Company?" the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	150 E. Palmetto Park Rd
(Principal office address MUST BE A STREET ADI	oressi Suite 300
	Boca Haton, FL 33432
Enter new mailing address, if applicable:	150 E. Palmetto Park Rd
(Mailing address MAY BE A POST OFFICE BOX)	Suite 800
	Boon Batan FL 33432
B. If amending the registered agent and/or register	red office address on our records, enter the name of the new registered
agent and/or the new registered office address here	!
N 53 5 1	W/A
Name of New Registered Agent:	<u>// // / /</u>
New Registered Office Address:	N/A
]	Enter Florida street address
	, Florida
	City Zip Tode
New Registered Agent's Signature, If changing Registe	ered Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and I agent as provided for in Chapter 605, F.S. Or, if this document is sered office address, I hereby confirm that the limited liability ge.
-	
	If Changing Registered Agent, Signature of New Registered Agent

GR ≈ MBR =	Manager Authorized	1 Member		
<u>tle</u>	Nam	<u>1</u>	Address	Type of Actio
			<u></u>	DAdd
	Ì			□Remove
				☐ Change
	-			
				□Remove
				OChange
				🗀 Add
			- ,	CRemove
				□ Change
				
				Remove
				☐ Change
				□Add
				CRemove
				Change
				□Add
				Remove
				□ Change

D. If amending an	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
	
Note: If the on	if other than the date of filing: (optional) Is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3X to inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the active date on the Department of State's records.
If the record specific record is filed.	is a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Low 2024 Marline
	AWRENCE A MASTROPLET Typed or printed name of signee
	Filing Fee: \$25.00