

L17000187656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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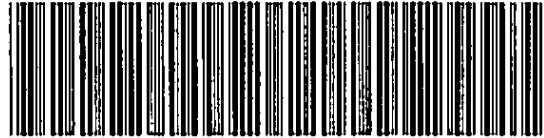
(Business Entity Name)

(Document Number)

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SEP 24 2020

S. YOUNG

FILED
2020 AUG -6 PM 6:03
CLERK OF SUPERIOR COURT
JANUARY 1, 1997

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Mason Apartments, 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:

Keith D. Lenge
Name of Person

The Mason Apartments, LLC
Firm/Company

221 N. Hagan St. #405
Address

Jacksonville, FL 32202
City/State and Zip Code

KeithC.Lenge@financial.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith D. Lenge at (904) 651-3292
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Mason Apartments, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/1/17 and assigned
Florida document number L17000187656

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

221 N. Hogan St
#405
Jacksonville, FL 32202

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

221 N. Hogan St
#405
Jacksonville, FL 32202

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:

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. 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

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2017 SEP -6 PM 6:03
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Lenger/Venture Capital, FAK	100 W. Laura St #801	<input type="checkbox"/> Add
		Sax FC 32202	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMA	Steve Hendrickson	100 W. Laura St #801	<input type="checkbox"/> Add
		Sax FC 32202	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Keith D. Lenger	221 W. Hagan St	<input type="checkbox"/> Add
		#405	<input type="checkbox"/> Remove
		Sax, FC 32202	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 3rd 2020

3 2020
 Ruth D. Langer
 Signature of a member or authorized representative of a member

~~Signature of a member or authorized representative of a member~~

Keith D. Lenger
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00