L17000187656

(Requestor's Name)	
(44,)	
(Address)	
(Address)	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Doddinost (Gas))	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



700355689257

11/30/20--01011--001 **25.00

2020 NOV 30 AM 9: 17
SEC. 11 TO OF 17 AT 17
TO LEASE 17

LA. 1/12/12/1

COVER LETTER

то:	Registration Se Division of Co			·			
CHD III	~~	THE MASON APARTMENTS, LLC .					
SUBJE	UI:	Name of Lim	ited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
		ondence concerning this matter	_				
		Rabih Tawk					
			Name of Person				
		1201	Firm/Company				
		129 Lamplighter Lane	Address				
		Ponte Vedra Beach, FL 32	082				
			City/State and Zip Code				
		rgtawk@gmail.com E-mail address: (to be used for future annual report no	otification)			
For furt	her information o	concerning this matter, please c	all:				
Rabih T	awk		904 864-7390 at ()				
Name of Person			Area Code Dayti	me Telephone Number			
Enclose	d is a check for t	he following amount:					
■ \$ 25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Addre Registration Division of O P.O. Box 63: Tallahassee.	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE MASON	APARTMEN	TS 116
THE MASON	ATAK UMUUN	LJ.L.L.

(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 Lia	bility Company	were filed on	09/01/2017	a :	nd assi	gned	
Florida document number L17000187656					·		
This amendment is submitted to amend the follow	wing:						
A. If amending name, enter the new name of t	the limited liab	ility company	here:				
			1				
The new name must be distinguishable and contain the wor	rds "Limited Liabil			the abbreviat	ion "L.L	C."	
Enter new principal offices address, if applical	ble:	129 Lamplighter Lane					
(Principal office address MUST BE A STREET	`ADDRESS)	Ponte Vedra	Beach, FL 32082	<u>;;;</u>	<u> 202</u> 6		
			. <u>-</u>	- ; <u>;</u>			
						. :	
Enter new mailing address, if applicable:		129 Lamplig		õ	1 6 dra		
(Mailing address MAY BE A POST OFFICE B	eox)	Ponte Vedra Beach, FL 32082					
the state of the s	<u> </u>			10	ۻ	- Samuel	
				:	7	<u> </u>	
B. If amending the registered agent and/or regagent and/or the new registered office address	_	iddress on ou	r records, enter the	name of th	<u>1e new</u>	registered	
agent and/or the new regimered office and con-							
Name of New Registered Agent:	Rabih Tawk						
New Registered Office Address:	129 Lamplighter Lane						
rew registered street reduction.	Enter Florida street address						
	Ponte Vedra Beach , Florida 32082						
		City		Zip	Code		
New Registered Agent's Signature, if changing Re	egistered Agent:						
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this contains.	r and complete tered agent as p egistered office	performanc <mark>e</mark> provided for i	of my duties, and I n Chapter 605, F.S.	am familie . Or, if this	ar with Aocui	h and ment is	
			<u> </u>				

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	Rabih Tawk	129 Lamplighter Lane	= Add	
		Ponte Vedra Beach, FL 32082	□ Remove	
			□Change	
MGR	Philippe Jaoude	5315 Mallard Roost	= Add	
		Williamsville NY 14221	□ Remove	
			□ Change	
MGR	Keith D. Lenger	221 N. Hogan Street, #405		
		Jacksonville, FL 32202	≣ Remove	
			Change	
			🖸 Remove	
			Change	
			□Remove	
			□Change	
			□Add	
			Remove	
			□Change	

								
	-	·			· · · · · · · · · · · · · · · · · · ·			
					<u>_</u>			
					<u> </u>			
					1			
		·-·					<u> </u>	
					Ť			
					-	.		
	<u></u>							
	_							
					-			
						_		
Note: If the	date inserted in	an the date of the date must be specificated this block does to the Department	not meet the ap	plicable statuto	ing or more than 9 ry filing require	(optional) 0 days after filing ments, this date	.) Pursuant to 605.0 will not be liste	0207 d as
record spec d is filed.	ifies a delayed e	effective date, bu	nt not an effecti	ve time, at 12:0	1 a.m. on the ea	rlier of: (b) Tl	ne 90th day after	the
Dated	11/25/2		,	·				
				/				
		-	AUK	Š	entative of a mem			

Filing Fee: \$25.00