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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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|--|--|
| SUBJECT: | Name of Limited Liability Company |
| The enclosed Articles of | of Amendment and fee(s) are submitted for filing. |
| | spondence concerning this matter to the following: |
| | Nancy Mason-Liddit |
| | Name of Person |
| | Mason, Liddil, and Associates LLC |
| | Firm/Company 1497 Main Street, Unit 238 |
| | Address |
| | Dunedin, FL 34698 City/State and Zip Code |
| | nancy@masonliddil.com |
| For further information | E-mail address: (to be used for future annual report notification) concerning this matter, please call: |
| Nancy Mason-Liddil | 727 754-9588 at () |
| Name | at () c of Person Area Code Daytime Telephone Number |
| Enclosed is a check for | the following amount: |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status |

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.

| F | LED |
|-----------------------|---------------------------------------|
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| SECRETA. IALLAHASS | AM 9: 40 1 OC STATE EE, FLORIDA |
| 100 | CE, FLORIDA |

Mason, Liddil, and Associates 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 June 20, 2018 | and assigned |
|---|-------------------------------------|------------------------------|
| Florida document number L18000152027 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity 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) | | , |
| | | |
| Enter new mailing address, if applicable: | 100.7 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | Tice address on our records, g: | enter the name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Flor | rida |
| | 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------------|----------------------------|----------------|
| MGR | Nancy Mason-Liddil | 1497 Main Street, Unit 238 | |
| | | Dunedin, FL 34698 | Add |
| | | | □ Remove |
| | | | R CI |
| | Garrett D. Liddil | 4544 Spruce Ridge Dr. | |
| AMBR | | - 1944 Sprace Ridge Dr. | |
| | | Manlius, NY 13104 | |
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Filing Fee: \$25.00