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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations		
SUBJECT: NiChOLUS MUSO Name of	CLImited Liability Company	
The enclosed Articles of Amendment and fee(s) are Please return all correspondence concerning this ma		
Nicho	Name of Person	
Nict	nolus mason LLC Firm/Company	
2108	Camoli Pl Address	
TA	MP4, F2 33612 City/State and Zip Code	
Ni Cholo E-mail addre	us majon LL (agmail. com) ess: (to be used for future annual report notification)	
For further information concerning this matter, plea-	se call:	
Wicholus Muson Name of Person	at (813), 508 3514 Area Code Daytime Telephone Number	
Name of Ferson	Area code Daytine Telephone Number	
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60,00 Filing Fee, s Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

> RECEIVED MAR 1 4 2019

ARTICLES OF AMENDMENT

10	
ARTICLES OF ORGANIZATION	
OF	

ARTICLI	ES OF AMENDMENT
ADTICI FO	TO S OF ORGANIZATION
ARTICLE	OF ORGANIZATION
Nicholas Mo	ason LLC
(Name of the Limited Liabil	lty Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (
Florida document number <u>L1900057738</u>	<u>5</u> .
This amendment is submitted to amend the following:	
A. If amanding name onto the naw name of the line	sited liability asympany ham.
A. If amending name, enter the new name of the lim	піси париту сопрану веге:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
<u>-</u>	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis	stered office address on our records, enter the name of the new
registered agent and/or the new registered office add	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:
	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 agent as provided for in Chapter 605, F.S. Or, if this document is
	red office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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	Nicholas Mason	2108 Carroll P1 TPA, FL 33612	Add Add
			□ Remove
			☐ Change
			□ Add
			Remove
			Change
			D Add
			🗆 Remove
			Change
			Add
			D Remove
			Change
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			Remove
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			☐ Change

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	and date of filling.	(optional)
Effective date, if other than the	ust be specific and cannot be prior to date of filing or more than 9	0 days after filing) Pursuant to 605 0207 (3
(If an effective date is listed, the date m	nust be specific and cannot be prior to date of filing or more than 9 block does not meet the applicable statutory filing require	0 days after filing.) Pursuant to 605.0207 (3
(If an effective date is listed, the date m Note: If the date inserted in this document's effective date on the the record specifies a delayer	nust be specific and cannot be prior to date of filing or more than 9 block does not meet the applicable statutory filing require Department of State's records. ed effective date, but not an effective time, at	O days after filing.) Pursuant to 605.0207 (3 ements, this date will not be listed as the
(If an effective date is listed, the date m Note: If the date inserted in this document's effective date on the the record specifies a delayer	nust be specific and cannot be prior to date of filing or more than 9 block does not meet the applicable statutory filing require Department of State's records. ed effective date, but not an effective time, at	O days after filing.) Pursuant to 605.0207 (3 ments, this date will not be listed as the control of the control
(If an effective date is listed, the date m Note: If the date inserted in this document's effective date on the the record specifies a delayer	nust be specific and cannot be prior to date of filing or more than 9 block does not meet the applicable statutory filing require Department of State's records. ed effective date, but not an effective time, at	odays after filing.) Pursuant to 605.0207 (3 ments, this date will not be listed as the 12:01 a.m. on the earlier of:
(If an effective date is listed, the date m Note: If the date inserted in this document's effective date on the the record specifies a delayer). The 90th day after the re	nust be specific and cannot be prior to date of filing or more than 9 block does not meet the applicable statutory filing require Department of State's records. ed effective date, but not an effective time, at	odays after filing.) Pursuant to 605.0207 (3 ments, this date will not be listed as the control of the control
(If an effective date is listed, the date m Note: If the date inserted in this document's effective date on the the record specifies a delayer). The 90th day after the record specifies and the record specifies are specified specifies and the record spec	nust be specific and cannot be prior to date of filing or more than 9 block does not meet the applicable statutory filing require Department of State's records. ed effective date, but not an effective time, at	odays after filing.) Pursuant to 605.0207 (3 ments, this date will not be listed as the state of

Page 3 of 3

Filing Fee: \$25.00

State of Florida Department of State

I certify from the records of this office that NICHOLAS MASON LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on February 27, 2019, effective February 27, 2019.

The document number of this company is L19000057738.

I further certify that said company has paid all fees due this office through December 31, 2019, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 190308115851-900325532749#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Eighth day of March, 2019