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COVER LETTER

TO:	Registration Section Division of Corporati	 ола 		
SUBJE	Mason Brothers M	tarine LLC		
SOME	(J):		nited Liability Company	
The enc	losed Articles of Amen	diment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspondence	e concerning this matter	to the following:	
	Λι	ndrew M Mason		
	_		Name of Person	
	Ma	uson Brothers Marine Ll	L.C	
			Firm/Company	
	18	Sapphire Dr		
			Address	
	Ke	y West, FL 33040		
	mas	conbrothersmarine@gm;	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information concern	ing this matter, please c	all:	
Andrew	Mason		901 428-3474 at ()	
	Name of Persor	1		e Telephone Number
Enclosed	i is a check for the folio	wing amount:		
□ \$ 25.	00 Filing Fee 💢 🖺 \$	330,00 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 Address: Registration Sectio Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ations · -	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mason Brothers M	1	
<u></u>	iame of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for Florida document number L1900	this Limited Liability Company were filed on \(\frac{08/21/2019}{2013686}\) and assign	gned
This amendment is submitted to		
A. If amending name, enter the	e 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 ad	dress, if applicable:	
(Principal office address MUST	BE A STREET ADDRESS)	
Enter new mailing address, if	applicable:	
(Mailing address MAY BE A P	OST OFFICE BOX)	
B. If amending the registered agent and/or the new registered	agent and/or registered office address on our records, enter the name of the new d office address here:	<u>registered</u>
Name of New Register	ed Agent:	
New Registered Office	Address:	
	Enter Florida street address	
	. Florida	
	City Zip Code	
New Registered Agent's Signatur	re, if changing Registered Agent:	
provisions of all statutes relate accept the obligations of my p	Int as registered agent and agree to act in this capacity. I further agree to comply to the proper and complete performance of my duties, and I am familiar with sition as registered agent as provided for in Chapter 605, F.S. Or, if this docume thange in the registered office address. I hereby confirm that the limited liability writing of this change.	and nent is

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
AP	Patrick Mason		19519 Navajo St.	□Add
			Key West, FL 33040	≣ Remove
				□Change
		 		□Add
				□Remove
	1			□Change
				□ Add
				Remove
				□ Change
				□ Add
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				□Change

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Note: If the date in	other than the date of filing:
e record specifies a rd is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
July 15	2021
Dated	
	Signature of a member or authorized representative of a member
Andrew	Mason
	Typed or printed name of signee