L20000177693

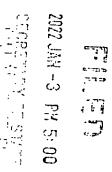
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COVER LETTER

TO:

	Registration Se Division of Cor			
	A & M Ma	scaro, LLC		
SUBJEC	l:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Alison Mascaro		
			Name of Person	
		A & M Mascaro, LLC		
			Firm/Company	
		21430 sw 94 Ave		
			Address	
		Cutler Bay FL 33189		
			City/State and Zip Code	
		heymiketheplumber@gmai		
Una finatho	e information o	E-mail address: (oncerning this matter, please c	to be used for future annual report not	iffication)
		oncerning this matter, picase c		
Alison M	ascaro		305 322-4727 at ()	
_	Name o	l'Person	Area Code Daytii	ne Telephone Number
Enclosed	is a check for th	ie following amount:		
□ \$25.0	0 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		<u>Street Address:</u> Registration Sc	ection	
		Division of Co	rporations	
	P.O. Box 632 Fallahassee, f		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILETO 2022 JAN -3 PM 5: 00

A & M Mascaro, 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 Compartition for the Limited Liability Compartition of L20000177693.	ny were filed on 6/25/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	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. 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 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

Title	Name	Address	Type of Action
MGR	Alison Mascaro	21430 sw 94 ave, Cutler Bay FL 33189	
			□Remove
			= Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Change
			□Add
		□Remove	
			Change
			🗆 Add
			Remove
			□Change

. If amending any other mioritate	ion, enter change(s) here.	(Attach additional sheets, if necessary.)	
			
			
			
1			
			
Effective date, if other than the offian effective date is listed, the date must <u>Note</u> : If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to d ck does not meet the applicable	(optional) date of filing or more than 90 days after filing.) Purs e statutory filing requirements, this date will r	uant to 605.0207 (3) not be listed as the
ne record specifies a delayed effective ord is filed.	date, but not an effective time.	, at 12:01 a.m. on the earlier of: (b) The 90th	h day after the
Dated	2021		
	\bigcirc		
	Signature of a member or authorize	ed representative of a member	
Alison Mascaro			
	Typed or printed n	iame of signee	

Filing Fee: \$25.00