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## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations			
CARESTE	CH LLC		
SUBJECT:	Name of Lim	ited Liability Company	
m			
The enclosed Articles of .	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	SANTIAGO VILLEGAS		
		Name of Person	
		F: (0	
		Firm/Company	
	737 CRANDON BLVD P	H2	
		Address	
	KEY BISCAYNE, FL 331	49	
		City/State and Zip Code	
	svillegas@dosmass.com	to be used for future annual report noti	fication
For further information co	oncerning this matter, please c		neation
SANTIAGO VILLEGAS	S	305 878-1588	
Name of	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 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 S	<del></del> -	<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Cor	
P.O. Box 632 Tallahassee, F		The Centre of T	
rananassee, r	L 32314	Z413 IN. MONTO	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Plorida document number	were filed on 11/12/2020	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
2MASS LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	737 CRANDON BLVD PH 2	
Principal office address MUST BE A STREET ADDRESS)	KEY BISCAYNE, FL 33149	သိ 🎇
		23 HAR
Enter new mailing address, if applicable:	<del></del>	20 F
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office a	address on our records, enter the	SEE, FI
gent and/or the new registered office address here:  Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	City	Zin Code

## New Registered Agent's Signature, if changing Registered Agent:

CARESTECHLIC

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 Registere	ed Agent, <u>Signatu</u> i	re of New Register	red 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
			□ Add
		<del></del>	□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□Add
			□Remove
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		<del></del>	□Remove
			□Change
			□Add
			□Remove
		<del></del>	DChange
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated \_ 15 of March Signature of a member or authorized representative of a member SANTIAGO VILLEGAS

Typed or printed name of signee