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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Division of C | Section Corporations | | |
|-----------------------------------|--|---|-------------|
| Masons | Discount Delivery and Sales LLC | | |
| SUBJECT: | Name of Lin | aited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corre | spondence concerning this matter | to the following: | |
| | Tyrone Mason | | |
| | | Name of Person | |
| | Masons Discount Delivery | and Sales LLC | |
| | | Firm/Company | |
| | 4307 walis pl | | of Status & |
| | - | Address | |
| | Tampa F1 33610 | | |
| | cloamanda2014@gmail.co | City/State and Zip Code | |
| | - - | to be used for future annual report notification) | |
| For further informatio | n concerning this matter, please c | all: | |
| Tyrone Mason | | 727 953-5060 at () | |
| Nam | e of Person | Area Code Daytime Telephone Number | |
| Enclosed is a check fo | r the following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) | |
| P.O. Box 6 | n Section Corporations | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Masons Discount Delivery and Sales 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 January 25, 2021 and assigned Florida document number [L21000045172] This amendment is submitted to amend the following: A. If amending name, enter the 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 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

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 |
|--------------|----------------|-----------------------------------|-------------------|
| Ambr | Amanda Martins | 3804 east 32nd ave Tampa FI 33610 | □Add |
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| lf an effect <u>Note:</u> If | e date, if other than the date of tive date is listed, the date must be spec the date inserted in this block doe, it's effective date on the Departme | ific and cannot be prior not meet the appl | or to date of filing or more icable statutory filing r | (optional) than 90 days after filing.) equirements, this date v | Pursuant to 605.0207 vill not be listed as |
| e record s rd is filed | specifies a delayed effective date, b | ut not an effective | time, at 12:01 a.m. on | the earlier of: (b) The | 90th day after the |
| Dated _ | February 1 Tyvono MA | 0.20 | 16 | | |
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| | Signatur | e of a member or aut | horized representative of | a member | |

Filing Fee: \$25.00