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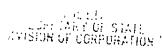
## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Master Crafters LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maria Cayaban  Name of Person
Firm/Company
195 Adriane park Circle
Lissimmee FL 34244  City/State and Zip Code
Maria Cayaban & amail: Com E-mail address: (to be used for future annual report inditication)
For further information concerning this matter, please call:
Name of Person at (400) 500 - 633   Daytime Telephone Number
Enclosed is a check for the following amount:    S25.00 Filing Fee   S30.00 Filing Fee & Certificate of Status   Certificate of Status   Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)   Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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



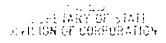
<b>4.</b>		121 ABC 16 DU 6 -
Master	Coffees	21 MAR 16 PH 4:08
(Name of the Limited Lia	ibility Company as it now appears or orida Limited Liability Company)	on our records.)
	1	$1 \sim 1 \sim 1$
The Articles of Organization for this Limited Liabilit	y Company were filed on	and assigned
Florida document number <u>L2100060</u>	1513	1
This amendment is submitted to amend the following	ŗ.	
A. If amending name, enter the new name of the l	limited liability company hero	;
The new name must be distinguishable and contain the words."	Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRFSS)	
(Frincipal office duaress MOST BE A STREET AD	DRESSI	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address her		ords, enter the name of the new registere
agent and/of the new registered office address ner	<u>c</u> .	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	i street 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, 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	21 MAR 16 PM 4: 08	Type of Action
Pres	Maria Cayaban	195 Xiss	Adriane part (i	144 144
				□Change
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	er change(s) here: (Attach additional sheets, if necessary), in the SIVISION OF CORPORATION 21 HAR 15 PH 4: 08
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	c and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(thot meet the applicable statutory filing requirements, this date will not be listed as the
cord specifies a delayed effective date, but sfiled.	t not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed March 13th	<u>2031</u> .
- Ma	- Carpela-
Signature c	of a member or authorized representative of a member