

L21 000080593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

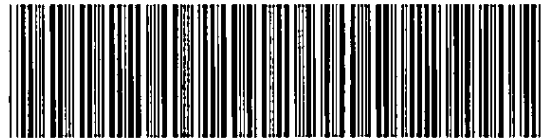
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000367653860

000367653860
06/09/21 --01016--004 **50.00

FILED
2021 JUN -9 PM 2:27
TALLAHASSEE, FL

D. BRUCE
JUL 12 2021

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

Master Crafters LLC
Firm/Company

725 Adriane park Cir
Address

Kissimmee, FL 34744
City/State and Zip Code

Maria.Cayaban@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Cayaban at (407) 520-8331
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

2021 JUN -9 PM 2:27
TALLAHASSEE, FL

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Master Crafters 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 2/17/2021 and assigned Florida document number L21000080593

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)

402 Mallard Lane
Kissimmee FL 34759

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

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 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>	<u>Address</u>	<u>Type of Action</u>
<u>SEC</u>	<u>Alfonso, Kassandra</u>	<u>725 Adriane Park Cir.</u>	<input type="checkbox"/> Add
		<u>Kissimmee FL 34744</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR, Pres</u>	<u>Cayaban, Maria</u>	<u>725 Adriane Park Cir</u>	<input type="checkbox"/> Add
		<u>Kissimmee FL 34744</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MGR, VP</u>	<u>Ana Armengol</u>	<u>402 Mallard Lane</u>	<input checked="" type="checkbox"/> Add
		<u>Kissimmee FL 34759</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STELLA
TALLARAS
FL

2021
JUN-9
PM 2:27

Remove
Change
Add

2021 JUN -9 PM
TALLAHASSEE

2021 JUN -9 PM 2:27
ST. JOHN'S UNIVERSITY
TALLAHASSEE, FL

5

(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)

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 May 15th 2021

13. 1957
 Mrs. Cople

Signature of a member or authorized representative of a member

Marica Cayaban

Typed or printed name of signee