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2021 OCT 14 AM ID: 28

OCT 24 2021

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	•
SUBJECT: Master Craf-	ters LLC
	ted Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter t	o the following:
Maria	Cayaboun Namd of Person
Master	Crafters LLC Firm/Company
400 Ma	Mard Lane
Kissi mm	CC FL 34759 City/State and Zip, Code
Maria Co E-mail address: (to	waban@gMail.Com
For further information concerning this matter, please ca	55 202 TE
Maria Cayaban Name of Person	at (40) 500-833 (25) Paytime Telephone Number 53.
Enclosed is a check for 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)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moster Cros	Fters LLC
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{9}{1000}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	400 Mallard Lane
(Principal office address MUST BE A STREET ADDI	<u>RESS)</u> <u>[155] MMEP</u> 12 54/31
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	400 Mallard Lane Kissimmee FL 34759
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
Name of New Registered Agent: الد	aria Carjaban
New Registered Office Address:	Enter Floridu street address
<u>L'i</u>	SSIMMAC Florida 347595
	City ————————————————————————————————————

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	Type of Action
MGR	Maria Cayaban	402 Mallard Lane	🗆 Add
		Kissimmee FL34759	□Remove
			IAChange
MGIR	J'immy Alvarez	400 Mallard Lane	SAdd
	·	Kissimmee FL 3475	9 □Remove
			□Change
MGR	Ana Armengol	400 Mallard Lane	□Add
		Lissimmer FL 3475	Remove
			Change
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fective date, if other in effective date is listed, to ote: If the date inserted cument's effective date	ne date must be specific I in this block does no	and cannot be prior at meet the applic	able statutory filir		filing.) Pursu		
ecord specifies a delayous filed.	ed effective date, but i	not an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The 90th	day after	the
nted Octobe	lna		anal	9			
	Signature of	f a member or auth	orized representative	of a member			