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COVER LETTER

TO:		istration Secti ision of Corpo				š
e a tiji 132.	car.	2509 Mason C	Oaks, LLC			5
SUBJE	(,1;	Name of Limited Liability Company				
			nendment and fee(s) are sub-			
r lease 1	ettirii	an correspond	Rory Weiner	or the rottowing.		
				Name of Person		
			Rory B. Weiner, P.A.			
				Firm/Company		
			635 W. Lumsden Rd			
				Address		
			Brandon, FL 33511			
			rweiner@roryweiner.com	City/State and Zip Code		
				o be used for future annual	report notification)	
For furt	her i	nformation con	ncerning this matter, please co	ill:		
Rory W	/eine	r		813 68	1-3300	
		Name of I	Person	Area Code	Daytime Telepho	one Number
Enclose	ed is :	a check for the	following amount:			
. <i>j</i>		Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Ma	illing Address:		Street A	ddress:	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

COVER LETTER

TO:

	istration Sec sion of Corp			
	2509 Mason			
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of /	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Rory Weiner		
			Name of Person	
		Rory B. Weiner, P.A.		
			Firm/Company	
		635 W. Lumsden Rd		
			Address	· · · · · · · · · · · · · · · · · · ·
		Brandon, FL 33511		
			City/State and Zip Code	
		rweiner@roryweiner.com		
			to be used for future annual report	notification)
For further in	nformation co	oncerning this matter, please ca	all:	
Rory Weiner	r		813 681-3300 at ())
	Name of	f Person	Area Code Da	ytime Telephone Number
Enclosed is a	ı check for th	ne following amount:		
\$25.00 1	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)
	iling Addres		Street Address	
	gistration S	Section forporations	Registration Division of	Section Corporations
	D. Box 632	=	The Centre	of Tallahassee
Tal	llahassee, l	FL 32314	2415 N. Mo	nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2509 Mason Oaks, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000097679</u> .	y were filed on March 1, 2021 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
Mason Oaks Properties, LLC		_
The new name must be distinguishable and contain the words "Limited Liabi	oility Company," the designation "LLC" or the abbreviation "LL.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 agent and/or the new registered office address here:	address on our records, enter the name of the new regist	<u>ered</u>
Name of New Registered Agent:		_
N. D. Co. of Office Addresses		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>t:</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my duties, and I am familiar with and s provided for in Chapter 605, F.S. Or, if this document is	

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐Change
			□Add
			Remove
			□Change
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			CJ Add
			□Remove
			Change

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
ne recor	d 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 ed.
Dated	December 20 2022
	Signature of a member of authorized representative of a member
	Rory Weine Esq.
	Typed or printed name of signee

Filing Fee: \$25.00