

L21 000 111480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

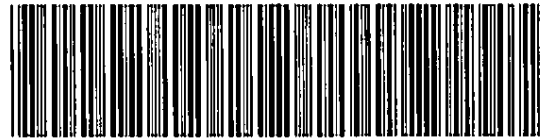
(Document Number)

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21 APR -2 AM 11:58  
DIVISION OF COURT OPERATIONS  
CLERK OF SUPERIOR COURT

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MASPEC 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:

Kevin Wooley

\_\_\_\_\_  
Name of Person

MASPEC LLC

\_\_\_\_\_  
Firm/Company

4711 Stone Hollow Ct

\_\_\_\_\_  
Address

Valrico, FL 33596

\_\_\_\_\_  
City/State and Zip Code

kwooley@maspec.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Wooley

813

730-3543

at ( )

\_\_\_\_\_  
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

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

FLORIDA  
CLERK OF THE COURT  
DIVISION OF CORPORATIONS

21 APR -2 AM 11:58

MASPEC 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 March 8, 2021 and assigned  
Florida document number L21000111480.

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** \_\_\_\_\_  
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

10000  
CLERK OF COURT  
DIVISION OF CORPORATIONS

<u>Title</u>	<u>Name</u>	<u>Address</u>	21 APR -2 AM 11:58	<u>Type of Action</u>
MGR	Kevin Wooley	4711 Stone Hollow Ct		<input type="checkbox"/> Add
		Valrico, FL 33596		<input checked="" type="checkbox"/> Remove
				<input type="checkbox"/> Change
MGR	MAS Consultants & Point Six Inc.	4711 Stone Hollow Ct		<input checked="" type="checkbox"/> Add
		Valrico, FL 33596		<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
AMBR	Ricardo Martinez	20300 Century Blvd, Suite 175		<input type="checkbox"/> Add
		Germantown, MD 20874		<input checked="" type="checkbox"/> Remove
				<input type="checkbox"/> Change
AMBR	Project Enhancement Corporation	20300 Century Blvd, Suite 175		<input checked="" type="checkbox"/> Add
		Germantown, MD 20874		<input 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

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Title: AR

DEPARTMENT OF STATE  
DIVISION OF CORPORATE AFFAIRS

Name: Anne Wooley

21 APR -2 AM 11:58

Address: 4711 Stone Hollow Ct

Type of Action: Remove

Title: AR

Name: Kevin Wooley

Address: 4711 Stone Hollow Ct

Type of Action: Add

Please Note:

NO CHANGE TO: AR Michael Golburgh, 20300 Century Blvd, Suite 175 Germantown, MD 20874

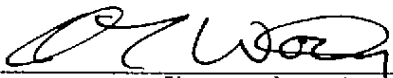
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 MARCH 30, 2021



Signature of a member or authorized representative of a member

Kevin Wooley

Typed or printed name of signee