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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	porations		
SUBJECT: MONOC	Chaunas Mai	whenance I.C.	
30000CT. <u>1 1000/1</u>	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Weston J Co	NEY	
		Name of Person	
	Masor Crian	Manten CAMP Firm/Company	LLC
		•	
	702 SW 101h	St	
	Cape Coral	Thou da, 33991 City/State and Zip Code May 1 En ant 2 @ 9716 to be used for future annual report no	
	ANO LOZA COUNAS	City/state and Zip Code	s I Cam
	E-mail address: (I	to be used for future annual report no	tification)
For further information co	oncerning this matter, please ca	all:	
Weston J Co	1/182	120 LUTR-1	811
Name o	l'Person	at (<u>239</u>) <u>478 · 0'</u> Area Code Daytir	ne Telephone Number
Enclosed is a check for th	e 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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration S	ection
Division of C	orporations	Division of Co	orporations
P.O. Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Masor Cramas M (Name of the Limited Lia (A Flo	bility Company as it now appears on our re- orida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number <u>L2100015 Slp(</u>	y Company were filed on 5/24/ 52.	21 and assigned
This amendment is submitted to amend the following	ŗ,	
A. If amending name, enter the new name of the l	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 AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		O DA
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>er</u> : <u>e</u> :	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
		, 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Weston J Cover	702 SW 101 St. Cape COIAI FL 33791	(D /Add
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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te: If the date	if other than is listed, the date e inserted in thi ctive date on th	s block does n	of meet the a	pplicable stat	filing or more utory filing re	than 90 days a	otional) fter filing.) Purs this date will r	uant to 605.020 not be listed a
eord specific s filed.	s a delayed effe	ctive date, but	not an effect	ive time, at 1	2:01 a.m. on (he earlier of:	(b) The 90th	a day after the
	24		202	<u>-\</u>				
ied <u>May</u>	F. 1. 11 Xm.	11 1/1	VIX.					