

K21 000 218334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

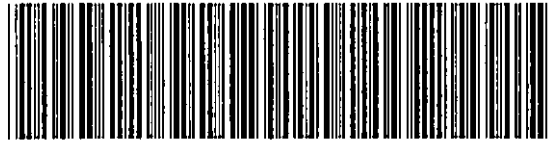
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200370489542

07/23/21--01006--028 \*\*25.00

2021 JUL 23 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

Aug - 3 2021  
Kinsey

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Master Mold Assessors, 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:

GABRIELLE MARIE ACOSTA

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

MASTER MOLD ASSESSORS, LLC

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

5550 BAKEWELL PLACE

\_\_\_\_\_  
Address

ST CLOUD, FL 34771

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

Gmart155@fiu.edu

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

For further information concerning this matter, please call:

GABRIELLE MARIE ACOSTA

786

269-4566

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

Master Mold Assessors, 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 05/11/2021 and assigned  
Florida document number L21000218334.

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:

5550 BAKEWELL PLACE

ST CLOUD, FL 34771

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

5550 BAKEWELL PLACE

ST CLOUD, FL 34771

(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:

GABRIELLE MARIE ACOSTA

New Registered Office Address:

5550 BAKEWELL PLACE

*Enter Florida street address*

ST CLOUD

Florida 34771

*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.*

DocuSigned by:

GABRIELLE MARIE ACOSTA

112EDEC56059499

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>
MGR	FRANCISCO BERNARDO	14246 BOCA KEY DR.	<input type="checkbox"/> Add
		ORLANDO, FL. 32824	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GABRIELLE MARIE ACOSTA	5550 BAKEWELL PLACE	<input checked="" type="checkbox"/> Add
		ST. CLOUD, FL 34771	<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
			<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.)*

[illegible]


**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 7/8/2021

DocuSigned by:  


Signature of a member or authorized representative of a member

FRANCISCO BERNARDO

Typed or printed name of signee

**Filing Fee: \$25.00**