

L21 000223106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2022 JAN -6 AM 11:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MASON & ELLISON, 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:

Jeff Mason

Name of Person

Mason & Ellison LLC

Firm/Company

701 Market Street #111-169

Address

St. Augustine FL 32095

City/State and Zip Code

jeff@masonellison.com

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

For further information concerning this matter, please call:

Jeff Mason

at (904)

315-5175

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

FILED
2022 JAN -6 AM 11:06
TALLAHASSEE, FL
CORPORATION DIVISION

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

MASON & ELLISON 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 MAY 13, 2021 and assigned
Florida document number 1.21000223106.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

701 Market Street

#111-169

St. Augustine FL 32095

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

701 Market Street

#111-169

St. Augustine FL 32095

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:

701 Market Street, #111-169

Enter Florida street address

St. Augustine

Florida 32095

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 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

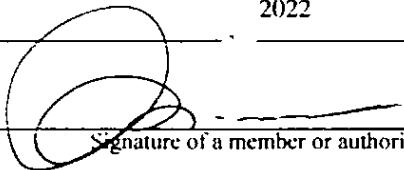
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHELLE ELLISON ✓	1672 Majestic View Ln	<input type="checkbox"/> Add
		Fleming Island, FL 32003	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHELLE ELLISON	1672 Majestic View Ln	<input checked="" type="checkbox"/> Add
		Fleming Island, FL 32003	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JEFFREY MASON	701 Market Street	<input checked="" type="checkbox"/> Add
		#111-169	<input type="checkbox"/> Remove
		St. Augustine FL 32095	<input type="checkbox"/> Change
MGR	JEFFREY ELLISON ✓	404 Sophia Ter	<input type="checkbox"/> Add
		.	<input checked="" type="checkbox"/> Remove
		St. Augustine FL 32095	<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.)

E. Effective date, if other than the date of filing: May 13, 2021 (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 January 1, 2022



Signature of a member or authorized representative of a member

JEFFREY MASON

Typed or printed name of signee