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T. **MATTHEWS**JAN 1 8 2022

COVER LETTER

Division of Cor		1	
SUBJECT: MA	Se Diese Name of Limi	ted Liability Company	LLC
		, , ,	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Carter-	TS Secro	
	Master	Diesel Maci	ne
	641/2 Me	ehlen Micher	12
	Belliair P	bluffs FL	33770
	Carter @ M E-mail address: (1	City/State and Zip Code (Star die School Man) o be used for future annual report notifi	ne IIc. Com
For further information c	oncerning this matter, please ca	itl:	
Carter	Taliaferro	at (727) 83	1-0520
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Di-	esel MAC	-in 22: 11 -3 111 8: 56			
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on la Limited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company here:				
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>				
Enter new mailing address, if applicable:		······································			
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ds, <u>enter the name of the new registers</u>			
Name of New Registered Agent:					
New Registered Office Address:	······································				
Enter Florida street address					
	Z''.	, Florida Zip Code			
Naw Designated Agent's Signature if shoughs Designature	City	гэр Coae			
New Registered Agent's Signature, if changing Registere					
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a					

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

<u>Title</u>	Name	Address	Type of Action
MGR	Ashley Talisterro		□Add
	Ú	641/2 Mehlenbacher RO	
			□Change
			□ Add
			□Remove
			Change
			□Add
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										Pursuant to 605.0203 will not be listed as
um	ent's effective dat	e on the D	epartment of	f State*:	s records.					
core s fil		ed effectiv	re date, but n	ot an e	fective time	e, at 12:01 a	a.m. on the	carlier o	f: (b) The	90th day after the
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		<u> </u>	Signature of	a memb	or ar authoris	ed represent	tarive of a n	nember		
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