L21000364801

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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Letter Number: 621A00026477

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2021

CHARITY BENNETT 1635 N. GARFIELD AVE. DELAND, FL 32724

SUBJECT: MASSCK MANAGEMENT AND LOGISTICS, LLC

Ref. Number: L21000364801

We have received your document for MASSCK MANAGEMENT AND LOGISTICS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	Registration S Division of Co			
SUBJEC	Massck M	anagement and Logistics, LLC	:	
30100	·•• ———	Name of Lin	nited Liability Company	
The enclo	osed Articles of	f Amendment and fee(s) are sui	bmitted for filing.	
		ondence concerning this matter	-	
		Charity Bennett		
			Name of Person	·
		Massck Management and	Logistics, LLC	
			Firm/Company	
		1635 N. Garfield Ave.		
			Address	
		Deland, FI 32724		
			City/State and Zip Code	
		massckml@gmail.com		
			to be used for future annual report not	ification)
For furthe	r information o	concerning this matter, please o	all:	
Charity B	ennett		386 736-4000 at ()	
	Name o	f Person		e Telephone Number
Enclosed i	is a check for ti	ne following amount:		
□ \$ 25.00	0 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)
R D	failing Address Legistration Solvision of Co. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
	allahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Massck Management amd Logist			
(Name of the Lin	nited Liability Comp (A Florida Limited	pany as it now appears on our records.) Lusbility Company)	
The Articles of Organization for this Limited Florida document number L21000364801			_ and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lial	bility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appl	icab le :	1635 N Garfield Ave	
(Principal office address MUST BE A STRE		Deland, Fl 32724	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a	oddress on our records, enter the name of	the new registere
Name of New Registered Agent:	Charity Bennett		
New Registered Office Address:	1635 N. Garfield	d Ave	202
	-	Enter Florida street address	
	Deland	, Florida ³²⁷²⁴	न्य स्ट्र
New Registered Agent's Ci	_		p Code A
iew 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>	Name	Address	Type of Action
AMBR	Charity Bennett	1635 N Garfield Ave. Deland Fl 32724	
			□Add
			□Remove
Ambr	Elisabeth W. House	3514 Old Course Lane	□Add
		Valrico, Fl 33596	□Remove
			□Change
			□ Remove
			□Change
			□Add
			□ Remove
			□Add
			□Remove
			Change
			□Add
			Remove
			[] Change

	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	ive date, if other than the date of filing: [cotive 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the sem's effective date on the Department of State's records.
the recor	d 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 led.
Dated	October 7., 2021.
	<u> </u>
	Signature of a member or muthorized representative of a member
	Charity Bennett
	Typed or printed name of ciones

Filing Fee: \$25.00