

৬২০০০/৩১২৭।

\_\_\_\_\_  
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

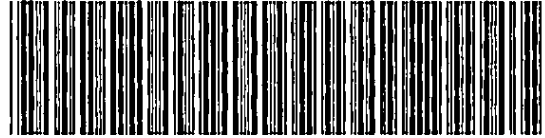
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

## A. RIVERS

FEB - 6 2023



200397661812

110122 0000-01 #01.01

77

2022 NOV 21 Fri 8:27

DELTA SYSTEM GRID

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

MASTER MOLD ASSESSORS FL, LLC

**SUBJECT:** \_\_\_\_\_  
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:

JUAN CARLOS ARAUJO FEBRES

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

MASTER MOLD ASSESSORS FL

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

3956 TOWN CENTER BLVD STE 187

\_\_\_\_\_  
Address

ORLANDO, FLORIDA, 32837

\_\_\_\_\_  
City/State and Zip Code  
mastermoldassessor@gamil.com

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

For further information concerning this matter, please call:

JUAN CARLOS ARAUJO FEBRES                      407              6831711  
\_\_\_\_\_  
Name of Person                      at (              )                      \_\_\_\_\_  
Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 FL, 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 03/15/2022 and assigned  
Florida document number 122000131271.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

3956 TOWN CENTER BLVD STE 187

ORLANDO, FLORIDA, 32837

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3956 TOWN CENTER BLVD STE 187

ORLANDO, FLORIDA, 32837

**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:

JUAN CARLOS ARAUJO FEBRES

New Registered Office Address:

3956 TOWN CENTER BLVD STE 187

*Enter Florida street address*

ORLANDO

*City*

Florida 32837

*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.*

Juan Carlos Arayo

**If Changing Registered Agent, Signature of New Registered Agent**

FILED  
2022 NOV 21 AM 10:27  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF ORANGE, FLORIDA

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	ARAUJO, FRANCISCO B	14246 BOCA KEY DRIVE, ORLANDO, FL 32824	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARAUJO FEBRES, JUAN C	3956 TOWN CENTER BLVD STE 187, ORLANDO, FLORIDA 32837	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

2022

Dated \_\_\_\_\_, \_\_\_\_\_.

Juan Carlos Araya.

JUAN CARLOS ARAUJO FEBRES

Typed or printed name of signee