k22000257515

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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Division of C				
CUBIFCT	Mason	-Son L.L.C	,5	
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Ismary Rodriguez Cardoso			
		Name of Person		
	Mason-Son L.L.C			
		Firm/Company		
	4520 W Sligh Ave			
		Address	· -	
	Tampa Fl 33614			
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	· <u>-</u>	·
	R.Ismary@yahoo.com	to be used for future annual rep	wet notification)	
For further information	n concerning this matter, please of			
Ismary Rodriguez Car	doso	813 at ()	357-451	
Name	e of Person	Area Code	Daytime Telephor	ne 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 enclose		\$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addı</u> Registratio		<u>Street Add</u> Registrati	ress: ion Section	
	Corporations	Division	of Corporation	ıs

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mason-Son L.L.C	
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L22000257515	were filed on June 06 2022 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	22 0
Principal office address MUST BE A STREET ADDRESS)	JUL -
Enter new mailing address, if applicable:	PH 3:
Mailing address MAY BE A POST OFFICE BOX)	07 TONS
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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>	Type of Action
MGR	ISMARY RODRIGUEZ CARDOS O	4520 W SLIGH AVE TAMPA FL 33614	
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			■Change
			SECRE BIVISION 22 ML
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			-IRemover FD STEEL STORY OF STOR
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Effective date, if other if an effective date is listed, the Note: If the date inserted document's effective date	in this block do	oes not meet tl	he applicabl	date of filing o	r more than 90 ling requiren	(optiona days after fili nents, this da	ng.) Pursuunt t	.o 605.0207 e listed as
record specifies a delayed is filed.	d effective date	, but not an ef	Tective time	e, at 12:01 a.i	n, on the earl	ier of: (b)	The 90th day	after the
Dated JUNE 25		202	22					
/aica		I Rould		•				
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	Signa Ismary	ture of aknemb	er or authoriz	ed representat	ive of a memb	er	<u> </u>	