

h22 000269866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

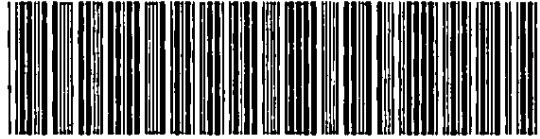
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ST. LOUIS, MO

Msans 1/9/22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2022

MEKHI HARPER-MASON
MASON & FAMILY, LLC DBA LIL BITS NY
2517 CHAPEL WAY
TAMPA, FL 33618

SUBJECT: MASON & FAMILY LLC
Ref. Number: L22000269866

We have received your document for MASON & FAMILY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
EXECUTIVE ASSISTANT

Letter Number: 822A00022494

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MASON & FAMILY 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:

CHARLES MASON

Name of Person

Firm Company

2517 CHAPEL WAY

Address

TAMPA, FL 33618

City/State and Zip Code

KIMACARES47@GMAIL.COM

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

For further information concerning this matter, please call:

CHARLES MASON

813

514-7799

at (_____) _____

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

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

MASON & FAMILY 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 06/13/2022 and assigned
Florida document number L22000269866.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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>	<u>Type of Action</u>
MGR	CALIEF HARPER-MASON	2517 CHAPEL WAY	<input type="checkbox"/> Add
		TAMPA, FL 33618	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	MEKHI HARPER-MASON	2517 CHAPEL WAY	<input type="checkbox"/> Add
		TAMPA, FL 33618	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHARLES MASON	2517 CHAPEL WAY	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33618 UN	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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11/01/2022

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.

Dated 1ST DAY OF NOVEMBER 2022

Chas Mason

CHARLES MASON

Typed or printed name of signee