L23000176911

(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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TALLAHASSEE, FLORIDA

APR 27 2023

2023 APR 27 AM 10:5

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Mas Home Services LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ziad Masalmah
Name of Person

Mas Home Services LLC
Firm/Company

8319 N. 40th St.
Address

Tampa FL 33604
City/State and Zip Code

Ziad.rafat400@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ziad Masalmah at (813) 790 8633
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

2023 APR 27 AM 10:53

MAS Home Services LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 2/23/2023 and assigned document number L23000097697.

Amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

The name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

If new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

If new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City , Florida *Zip Code*

If Registered Agent's Signature, if changing Registered Agent:

Having 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

...nding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added ...moved from our records:

...R = Manager
...R = Authorized Member

	Name	Address	Type of Action
AMBR	Ziad Masalmah	8319 N. 40th St Tampa FL 33604	☑Add ☐Remove ☐Change
			☐Add ☐Remove ☐Change
			☐Add ☐Remove ☐Change
			☐Add ☐Remove ☐Change
			☐Add ☐Remove ☐Change
			☐Add ☐Remove ☐Change

. amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

.ffective date, if other than the date of filing: _____ **(optional)**

. effective date is listed, the date must be specific and cannot be prior t: date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) . tes: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ament's effective date on the Department of State's records.

. cord 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 s filed.

ated 4/27/2023

Signature of a member or authorized representative of a member

ZIAD MASALMAH

Typed or printed name of signer

Filing Fee: $25.00