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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: MASH HOLD	nas L.L.C.	oility Company	
	Name of Limited Liab	oility Company	
The enclosed Articles of Amendment	and fee(s) are submitted f	or filing.	
Please return all correspondence conce	rning this matter to the fo	ollowing:	
	Angel Adam	ns Masse	<u>^</u>
	N	lame of Person	
	MASH Holdi	Mas L.L.C.	
6541	6 Blue Gost wood Rarch	eak Circle	
	_	Address	
Lake	wood Rauch	IFL 1 34	202
	City/S	State and Zip Code	<del></del>
<u> </u>	dams @ pay-1	OAD. US	aig air
	•	so for future annual report no	ottication)
For further information concerning thi	s matter, please call:		
Angel Adams Mas	sey	at (404) 822	2-9220
Name of Person	<i></i>	Area Code Dayti	me Telephone Number
Enclosed is a check for the following a	зтоипт:		
-	icate 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	5	Street Address: Registration S Division of Co The Centre of 2415 N. Mont Tallahassee, F	orporations Tallahassee roe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASH HOL		<u>.</u>			
( <u>Name of the Limited L</u> (A F	iability Company as Iorida Limited Liabili	it now appears on o ty Company)	ur records.)		
The Articles of Organization for this Limited Liabil Florida document number <u>L230011160</u>	lity Company were	e filed on March	2, 202	3 and as:	signed
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability	company here:			
The new name must be distinguishable and contain the words	"Limited Liability Co	ompany," the designat	tion "LLC" or the ab		
Enter new principal offices address, if applicable	e:				2023
(Principal office address MUST BE A STREET A	DDRESS)	** *			墨
		·		· ·	<u> </u>
					P.H.
Enter new mailing address, if applicable:			<del></del>		
(Mailing address MAY BE A POST OFFICE BO)	<u>x</u> )		<del></del>	<u> </u>	32
B. If amending the registered agent and/or regis		ess on our record	s, <u>enter the nam</u>	e of the ne	<u>w registered</u>
Name of New Registered Agent:					
			-		
New Registered Office Address:		Enter Florida str	eet address		
			, Florida		
_	1	City		Zip Code	
New Registered Agent's Signature, if changing Regi	stered Agent:				
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the change in writing of this change in the change	ind complete perf ed agent as provi istered office add	ormance of my d ded for in Chapte	uties, and I am J er 605, F.S. Or,	familiar wi if this doci	th and ument is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Rerson(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

Title	Name	Address	Type of Action
AMBR	Angel Adams Massey	6546 Blue Grosteg/ Circle	
	<b>y</b>	Lakewood Ranch, FL 34202	□Remove
			□Change
AMBR_	Justin P. Bellero	11161 East State Road 70 Ste. 11	0-193 Add
		Callewood Ranch, FL 34202	Remove
AMBR	Michael G. Gari	6546 Blue Grosbeak Circle	Add
		Lakewood Ranch, FL 34202	□Remove
			□Change
AMBR	Holly S. Christy	6546 Blue Grosbeak Circle	i Add
		Lakewood Ranch, FL 34202	□Remove
			□Change
•			□Add
			[]Remove
			Change
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			□Remove
			Change

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