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(R	Requestor's Name)	
(A	Address)	
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COVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, FL 32314

AMASSON	LENTERPRISES LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANAMELIS MASSON		
		Name of Person	
	AMASSON ENTERPRISI	ES LLC	
	4444	Firm/Company	
	2150 SW 22ND TERRAC	E MIAMI, FL 33145	7023 35 1
		Address	A08.
	MIAMI, FL 33145		# 5 5
	AMASSONENTERPRISES	City/State and Zip Code SLLC@GMAIL.COM	55 Cros. 1-51 3 PH 10-51 1/4 1/4 5.
	E-mail address: (to be used for future annual report noti	
For further information c	oncerning this matter, please c	all:	1:1
ANAMELIS MASSON		305 498-6701	
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	etion
_		-	
	•	The Centre of T	= '
Registration 9 Division of C P.O. Box 632	orporations	Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we lorida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	v 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)	2023 KOV 1
3. If amending the registered agent and/or registered office ad	dress on our records, enter the name of the new regi
gent and/or the new registered office address here:	53
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin 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 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
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			Remove
			□Change
			
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Affective date, if other than the defan effective date is listed, the date must be Note: If the date inserted in this blocklocument's effective date on the Dep	be specific and cannot be prior to date of filing or m ck does not meet the applicable statutory filin	(optional) more than 90 days after filing.) Pursuant to 605 mg requirements, this date will not be list	5,020 7 (ed as f
	date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after	r the
a is filea.	2022		
NOVEMBER 6	2023		
NOVEMBER 6			
Dated	ignature of a member or authorized representative		