## L23000120946

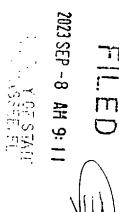
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## **COVER LETTER**

	Registration Se Division of Cor		• •	<b>'8</b> .		
SUBJEC	Master Pan	LLC				
SOBILC	··	Name of Lim	ited Liability Company	<del></del>		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		Manuel J Lopez				
			Name of Person			
		Master Pan LLC				
	Firm/Company					
		10728 NW 40th St.				
		Address				
		Sunrise, FL 33351				
		City/State and Zip Code manuel.mL619@gmail.com				
For furthe	er information c	E-mail address: ( oncerning this matter, please ca	to be used for future annual report notificall:	ration)		
Manuel L	.opez		954 493-3951 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25.0	0 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 Addres		Street Address: Registration Sect	ian		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Master Pan LLC					_
( <u>Name of the Limited</u> ) (A	Liability Compa Florida Limited	iny as it now appea Liability Company)	rs on our record:	<u></u>	
The Articles of Organization for this Limited Liabs	/08/2023	and assigned			
Florida document number L23000120946	<del></del> ·				
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liab	ility company h	ere:		
N/A					
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the o	lesignation "LLC"	or the abbreviation	"L.L.C."
Enter new principal offices address, if applicabl	e:	N/A			
Principal office address MUST BE A STREET	ADDRESS)			2023	
The second of th				SE	רו
				#E 1	
Enter new mailing address, if applicable:		N/A		<b>8</b>	1.4.1 1
Mailing address MAY BE A POST OFFICE BO	(X)				
<u> </u>	<u>,</u>			PS #	
				· · · -	
B. If amending the registered agent and/or regingent and/or the new registered office address have a Name of New Registered Agent:		address on our r	ecords, <u>enter (</u>	the name of the	new regis
	N/A				
New Registered Office Address:	<u> </u>	Enter Flo	rida street address		
		13/11C/ 1/10/	TOW THE STREET (29)	•	
-		Cin	, Flo	rida	d-
New Registered Agent's Signature, if changing Reg		City		zip Co	ae

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>	Address	Type of Action
President	Manuel J Lopez	10728 NW 40th St. Sunrise FL 33351	<b>=</b> Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			🗖 Add
			□Remove
			□Change
		<del></del>	□ Add
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			□Change
			□Add
			□Remove
			□Change

## Page 2 of 3

	<del></del>
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier og 90th day after the record is filed.
Dated	September 4 2023
	MQQ
	Signature of a member or authorized representative of a member