## L23000443757

(Re	equestor's Name)	
(Ac	ddress)	
•	,	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
(Bi	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
,	_	
Special Instructions to	Filing Officer:	

Office Use Only



500427016695

94/05/24--91009--00\$ ••30.00

2024 MAY 15 AM 11: 41

April 15, 2024

JEREMY FEIL 1826 8TH AVE SW VERO BEACH,FL 32962

SUBJECT: MASTERS PROPERTY SERVICES LLC

Ref. Number: L23000443757

We have received your document for MASTERS PROPERTY SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Kiora Hester Regulatory Specialist II Letter Number: 924A00008165

Hor Win

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Master	Name of Limited Liability Company		
The enclosed Articles of Amendment	and fee(s) are submitted for filing.		
Please return all correspondence conc	crning this matter to the following:		
	Jeremy Feil Name of Person		
	Masters Property Services Firm/Company		
	Address  Vero Beach FL; 32962  City/State and Zip Code  Master My On Party Co Gmail. Cui  E-mail address: (to be used for future annual report notification)	2024 HA	
	Vero Beach FL; 32962  City/State and Zip Code  MC Stev MV On Oakty (C) Gracuit. (4)	715 AM	
For further information concerning the	E-mail address: (to be used for future annual report notification)  ais matter, please call:		
Jeremy Ferson	at (772) 928 - 7810  Area Code Daytime Telephone Number	<del> </del>	
Enclosed is a check for the following	amount:		
	(additional copy is enclosed) Certified	te of Status &	
<u>Mailing Address:</u> Registration Section	Street Address: Registration Section		

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

Masters Proper	ty Services CLC
( <u>Name of the Limited Liability</u>  Compan (A Florida bimited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company visiting document number 1300443757	were filed on $9 - 20 - 30$ and assigned
This amendment is submitted to amend the following:	nent number
A. If amending name, enter the new name of the limited liabil	ility company here:
	202! 
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "LL!C"
Enter new principal offices address, if applicable:	- court
(Principal office address MUST BE A STREET ADDRESS)	
	7 <u>A</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida

## 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>	Address	Type of Action
AMBR	Josue Terrones	2713 Rhode Island A	√l □Add
		Fort Pierce, FL, 34947	⊠Remove
		<del></del>	□Change
AMBR	Michael J. Hernandez	2215 3rd Ln sw	□Add
		Vero Beach, FL 32962	Remove
			□Change
		; 	HAY Remove-
		- <u> </u>	— Remove—
			E Add
			□Remove
			□ Change
<del></del>	<del></del>		□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change

					_		_
							<u>.</u>
							_
							<del>_</del>
							_
						<del></del>	
<del></del>						_	
					<u> </u>	20	
<del></del>					:	2024 H.F	٠٠٠
					Ž-1:	<del>-</del>	(1200)
					S	_5 -5	m
					7.	AMII:	
	<u>.</u>				<u> </u>	<u> </u>	
							<del></del>
							_
(If an effective date is list Note: If the date in:	other than the date of fisted, the date must be specific serted in this block does not able to the Department	and cannot be prior to tot meet the application	date of filing of mor	(opti re than 90 days after requirements, thi	r filing.) Pi	ursuant to II not be	605.0207 listed as
	delayed effective date, but	not an effective tin	ne, at 12:01 a.m. or	n the earlier of: (	o) The 9	Oth day	after the
he record specifies a					)		
he record specifies a cord is filed.	1 ,	7		/ /	,		
he record specifies a	0/24/	2,			•		
the record specifies a cord is filed.	0/24	of a member or autho	rized representative of	o a member			_