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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: MAS	ovis Loloster FLI	- 1.16		
	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Sarah Adl	Name of Person		
		Name of Person		
	Masons Lobs	Firm/Company		
		Firm/Company		
	503 SE 1819	Ave		
		Address		
	6 2 52	1 F1 23060		
	Limbaro Reur	City/State and Zip Code		
	jeremiahadler	@amoil.com		
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	ałl:		
Jeremiah A	dier	at (<u>3 \O) \Q\\$\OO</u> Area Code — Daytin	io 44	
Name o	d Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
S25.00 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		Street Address:	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

25

Masons Lobster (Name of the Limite	FU U d Liability Compa A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia		were filed on ON 16 24	and assigned—
Florida document number <u> </u>	<u>024</u> .		
This amendment is submitted to amend the follo	wing:		.≏
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabi	tity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		349 Szabreeze Blud K105	
(Principal office address MUST BE A STREE)	<u> (ADDRESS)</u>	Fort Lauderdale, F	ZL 33316
Enter new mailing address, if applicable:		503 SE 18th Ave	
(Mailing address MAY BE A POST OFFICE BOX)		Pompano Reach.	FL 33060
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	<u>75660000</u>	18th Ave Enter Florida street address	
	TOWNSON	City . Florid	da <u>35060</u> Zip 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 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>	Name	Address	Type of Action
<u>mgr</u>	Daniel Beck	188 Main Street	□Add
		Annapolis, M.D 21409	⊠Remove
			□Change
M.6R	Yuriy Fedoriv	1421 S Federal Hwy	🗆 Add
		Boyntan Beach, FL 33435	- ⊇_⊠Remove
			□Change
MGR	Hector Torres	1019 Breakers Ave # 108	XJAdd
		Fort Lauderdale, FL 3330	∐ □Remove
			□Change
WhR	Upstart Florida LLC	503 SE 185 Ave	⊈iAdd
		Pompano Beach FL 3306	D_ □Remove
			□Change
	W+ #T		□Add
			□Add
		-	□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. 15 _____. <u>a</u>ca4 . Dated _____Nev 6 Signature of a member or authorized representative of a member

Filing Fee: \$25.00