

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mason's Lobster FLL LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Adler
Name of Person

Mason's Lobster FLL LLC
Firm/Company

503 SE 18th Ave
Address

Pompano Beach FL 33060
City/State and Zip Code

jeremiahadler@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremiah Adler at (310) 980 0644
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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> | <u>Type of Action</u> |
|--------------|----------------------------|-----------------------------------|--|
| <u>MGR</u> | <u>Daniel Beck</u> | <u>183 Main Street</u> | <input type="checkbox"/> Add |
| | | <u>Annapolis, MD 21409</u> | <input checked="" type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>Yuriy Fedoriv</u> | <u>1421 S Federal Hwy</u> | <input type="checkbox"/> Add |
| | | <u>Boynton Beach, FL 33435</u> | <input checked="" type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>Hector Torres</u> | <u>619 Breakers Ave #108</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Fort Lauderdale, FL 33304</u> | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>Upstart Florida LLC</u> | <u>503 SE 18th Ave</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Pompano Beach, FL 33060</u> | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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.

Dated Nov 15, 2024

[Signature]
Signature of a member or authorized representative of a member

Jeremiah Adler
Typed or printed name of signee

2024 NOV 25 10 06 10