L24000443138

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16/29/24--018/9--003 **25.90



COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	ст: <u>МА\$О</u>	U'S DEBRIS HAUCH	LUL AND CLEAN UP L ted Liability Company	<u>LC</u>
The encl	osed Articles of A	mendment and fee(s) are subi	nitted for filing.	
Please re	turn all correspon	dence concerning this matter t	to the following:	
		TOOD MARS	SHACE Name of Person	
		MASON'S DEBRIST	Pirm/Company	lv
		10469 109TH S	TREET Address	
		LARGO, FC 337	7 S City/State and Zip Code	
			DYA 1400. COM o be used for future annual report notifi	eation)
For furth	er information co	ncerning this matter, please ca	itl:	
Tui	Name of		at (<u>727</u>) <u>565~318</u> Area Code Daytime	Control Number
Enclosed	l is a check for the	following amount:		
図 \$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 S	ection	Street Address: Registration Sec	
	Division of Co	orporations	Division of Corp	orations

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	r LLC
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	Non our records.)
The Articles of Organization for this Limited Liability Company were filed on <u>i</u>	0/17/2024 and assigned
Florida document number <u>L24000443138</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5,
(Principal office address MUST BE A STREET ADDRESS)	
	. 3
	~>
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
	· · · · · · · · · · · · · · · · · · ·
	. 1
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	ecords, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Flor	ida street address
	, Florida
Circ	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>	Name	<u>Address</u>	Type of Action
MGR	MASON YOUNG	10469 109TH ST	□Add
		LARGO, FL 33778	⊡Kcmove
			□ Change
MGR	TODO MARSHALL	104 6 9 1097 H ST	€⁄∧dd
		LARGO, FL 33778	□Remove
			□ Change
AMBR	MASON YOUNG	10469 109TH ST	[EAdd
		LARGO, FC 33778	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change
			□Remove
			□ Change

_	
_	
_	
_	
If an effec <u>Note:</u> I	te date, if other than the date of filing:
rd is file	
Dated _	10/21/2024 Octobar 21, 2024.
	10/21/2024 October 21, 2024. Signature of a member or authorized representative of a member

Filing Fee: \$25.00