10/24/2017

M17000006385

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA00000023
Phone : (512) 418-6940
Fax Number : (850)

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MASTRO'S FTL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

2017 OCT 24 AM 11:36

17 OCT 24 AM 8:48

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OCT 25 2017

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

(SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: MASTRO'S FTL, LLC

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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17 OCT 24 AM 9:45

2. The Florida document number of this limited liability company is: M17000006385

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida:

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: (Name must include "Limited Liability Company," "Limited Liability Co.," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managing partners or managing general partners adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address below:

Name of New Registered Agent:

New Registered Office Address: *Enter Florida Street Address*

, Florida
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent pursuant to Section 605, F.S. Or, if this document is being filed to reinstate the limited liability company's registered office address, I hereby confirm that the limited liability company has been authorized to transact business in Florida.

Signature of New Registered Agent, Signature of New Registered Agent

7. If the amendment changes the name of the entity in its new jurisdiction:

8. If the amendment changes the name of the entity, state that change:

Changing Title of Steven L

Title/ Capacity		Address	Type of Action
VP/S	Steven L	15 West [illegible]	☐ Add
		[illegible]	☒ Remove
Mgr.	Steven L	1510 [illegible] Suite	☒ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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9. Attached is a certificate of [illegible] evidencing the aforementioned amendment, duly issued by the official having custody of records in the jurisdiction under the law of which the entity was formed.