P22000019565

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J 3/25/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Morgan Mast PA				
DOCUMENT NUMB	BER: P22000019565				
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corres	spondence concerning this mat	ter to the following:			
	Morgan Mast				
		Name of Contact Person			
	Morgan Mast PA				
		Firm/ Company			
	218 NE 12th Ave. Apt. #107				
		Address			
	Hallandale Beach, Florida 33009				
		City/ State and Zip Code			
	morganmast24@gmail.com				
	E-mail address: (to be us	ed for future annual report r	otification)		
For further informatio	n concerning this matter, pleas	e call:			
Morgan Mast		at (833-4238		
Name of Contact Person		Area Cod	e & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	payable to the Florida Depar	rtment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Divisior The Ce 2415 N	address nent Section of Corporations ntre of Tallahassee . Monroe Street, Suite 810		

Articles of Amendment

Articles of Incorporation of

(Name	of Corporation as currently	filed with the Florida I	Dept. of State) 2022 JUN	-9 PH 3:3
P22000019565	•			
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, ts Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporatio	n adopts the following am	endment(s) to
A. If amending name, enter the new n	ame of the corporation:			
N/A			The	new
name must be distinguishable and contain 'Inc.,'' or Co.,'' or the designation "C 'chartered,'' "professional association,'	Corp," "Inc," or "Co". A	ompany," or "incorporat professional corporatio	ed" or the abbreviation "C n name must contain the	Corp.," word
> Enternous mainsinal office address	if applicables	N/A		
3. <u>Enter new principal office address,</u> Principal office address <u>MUST BE A S</u>				
			.	
C. Enter new mailing address, if appl	icable:	NUA		
(Mailing address MAY BE A POST		N/A		
			•	
			 	
 If amending the registered agent an new registered agent and/or the ner 			name of the	
-	Morgan Mast			
Name of New Registered Agent				
	218 NE 12th Ave Apt. #107			
	Hallandale Beach	et daaress)	33009	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	'City')	, Florida(Zip Code)	
	,	cy,	(inf. conc.)	
New Registered Agent's Signature, if c				
hereby accept the appointment as regis	tered agent. I am familiar w	ith and accept the obliga	tions of the position.	
	Signature of New Re	gistered Agent, if changi	ng	

Check if applicable

MORGAN MAST PA

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Morgan Mast	218 NE 12th Ave. Apt. #107
X Add			Hallandale Beach, Florida 33009
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

A	ional sheets, if necessa	ry). (Be specific)				
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If an amend	ment provides for an	exchange, reclassif	ication, or cancel	lation of issued sh	nares,	
provisions	for implementing the	amendment if not	contained in the a	mendment itself:		
(if not	applicable, indicate N/A	<i>A</i>)				
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The date of each amendment(s) add	N/A option:	, if other than the
date this document was signed.	-	
N/A		
Effective date <u>if applicable</u> :	(no more than 90 days a	fter amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep		atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted action was not required.	ted by the incorporators, or board of	directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf		er of votes cast for the amendment(s)
	oved by the shareholders through vo ach voting group entitled to vote sep	ting groups. The following statement parately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were suffic	ient for approval
by N/A		"
·,	(voting group)	
4 - 20 - 22 Dated		
Signature Myga	Most ector, president or other officer – if a	Handan and Maria have not been
selected,	by an incorporator – if in the hands d fiduciary by that fiduciary)	of a receiver, trustee, or other court
Ŋ	Aorgan Mast	
-	(Typed or printed name of	person signing)
Į.	resident	

(Title of person signing)