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| (Requestor's Name) |
|---|
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| eudiect. | AJG MATOS SERVICES L | LLC | | | | |
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| SUBJECT: | Name of Lim | ited Liability Company | <u> </u> | | | |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please return all corres | spondence concerning this matter | to the following: | | | | |
| | FA | BIANA DE BARROS | ļ _i | | | |
| | LEGIT | Name of Person CONSULTING SERVICES, LI | LC . | | | |
| | 6200.1 | Firm/Company METROWEST BLVD, 201D | | | | |
| | | Address | | | | |
| | • | ORLANDO, FL 32835 | | | | |
| | BU | City/State and Zip Code BUSINESS@LEGITCS.COM | | | | |
| For further informatio | E-mail address: (n concerning this matter, please or | to be used for future annual report | notification) | | | |
| FABIANA DE BA | - | 407 2852290 at () | | | | |
| Nam | e of Person | | ytime Telephone Number | | | |
| Enclosed is a check fo | r 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 | | | |
| Reg | ILING ADDRESS: istration Section ision of Corporations | STREET/COU Registration Se Division of Co | | | | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIG MATOS SERVICES LLC

| (Name of the Limi | | | I |
|--|------------------------------------|--|-------------------------|
| | ted Liability Co (A Florida Lim | mpany as it now appears on our reco ted Liability Company) | <u>)ros.</u>) |
| The Articles of Organization for this Limited L Florida document numberL17000194281 | | any were filed on09/19 | 9/2017 and a |
| This amendment is submitted to amend the foll | | | |
| | • | 2. 8.78% | |
| A. If amending name, enter the new name of PERFECT FIT REMORES. | | | |
| The new name must be distinguishable and contain the v | | | LC" or the abbreviation |
| Enter new principal offices address, if applic | | N/A | |
| Principal office address MUST BE A STREE | | | |
| The particular and the particula | <u> </u> | | <u> </u> |
| | | | 1015 |
| | | | l . • |
| Enter new mailing address, if applicable: | | N/A | |
| Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u> | <u> BOX)</u> | N/A | |
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| Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and registered agent and/or the new registered of New Registered Agent: | or registere | 1 office address on our reco | |
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| Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and registered agent and/or the new registered of New Registered Agent: | /or registere ffice address | i office address on our recor here: Enter Florida street add | rds, enter the nam |

Page 1 of 3

| MGR = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|---------|-------|
| <u>Title</u> | <u>Name</u> | Address | Турс |
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| | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| fan effed <u>Vote:</u> I | e date, if other than the date of filing: |
| e reco | ard specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the 90 th day after the record is filed. |
| ated _ | SEPTEMBER, 20 2019 |
| | - Landall (Son 30, 3013) |
| | Signiture of a member or alithorized representative of a member |
| | |

Page 3 of 3

Filing Fee: \$25.00