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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: MUTICK CONSUltinG LCC
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:
Odin Izturaga Miller Name of Person
Firm/Company
3050 LOSpezia CITCLE APT 131
Ever for these information are reported in the second of the second in t
rol further information concerning this matter, please call:
Odin Tzturriaga Miller at (321) 900 5633 Paytime Telephone Number Time w
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee & □ \$60.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Matick Consulting LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L21000321051</u> .	were filed on July 14 th 19091 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET (DDRESS)	3050 La Spezia Circle APT 131 Rissimmer, 71 34741
Enter new mailing address, if applicable:	Same as principal address.
(Mailing address MAY BE A POST OFFICE BOX)	2022 SES
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
agent and/or the new registered office address nere.	
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 agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rowided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
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			□Remove
			□Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and can	not be prior to	date of filing or	more than 90 day	es after filing.) Pur	suant to (605.020
te: If the date inserted in this block does not meet nument's effective date on the Department of State	the applicab 's records.	le statutory fil	ng requiremen	ts, this date will	not be l	isted a
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cord specifies a delayed effective date, but not an e	effective time	e, at 12:04 a.m	, on the earlier	of: (b) The 90	th day a	fter the
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