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Office Use Only



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SECRETARE OF STATE

O. BRUCE

COVER LETTER

TO: Registration Se Division of Cor			
Mata Cons SUBJECT:	ulting LLC		
	Amendment and fee(s) are sub-	-	
	Mario Oliveira		
	•	Name of Person	
	Mata Consulting LLC		
		Firm/Company	
	6137 Metrowest Blvd. # 30	08	
		Address	
	Orlando / Florida / 32835		Tra 2
	SECRETARY Cation)		
For further information of	E-mail address: (concerning this matter, please ca	to be used for future annual report notifi all:	cation) RELIARY OF
Mario Oliveira		407 668 - 1007	LOR A
Name o	of Person 0	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mata Consulting LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L16000063539	mpany were filed on <u>03/30/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address.		er the name of the new
Name of New Registered Agent:		72. 201
New Registered Office Address:		LORR APR
	Enter Florida street address , Florida	ARY C
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	GRIE 3
I hereby accept the appointment as registered agent ar provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and I a ent as provided for in Chapter 605, F.S. (m familiar with and 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>	<u>Address</u>	Type of Action
AMBR	Tainah Susini Ribeiro	6137 Metrowest blvd. # 308	■ Add
		Orlando - Florida - 32835	□ Remove
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E. Effective dat	e, if other than the date te is listed, the date must be s	of filing: _				(opti			
(If an effective da	te is listed, the date must be s ate inserted in this block of	pecific and can	not be prior to	date of filing	or more than 9	days after	filing.) P	ursuant to	605.020
	fective date on the Depart			one statutory	ming require	nicins, un	s date wi	II HOLDE	iisicu a
If the record s	ecifies a delayed eff	ective date	e, but not	an effecti	ve time, at	12:01 a	a.m. or	the e	arlier o
	day after the record				,				
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Dated April 8	th 		2016	_·					
)/						
	1 0	<u> </u>							
	Sign	ature of a mem	iber or author	ized represent	ative of a mem	ber			
Ma	rio Oliveira								
				name of sign					_

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Filing Fee: \$25.00