## L02000034628

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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
CHDIE		MATTICE REAL ESTATE,	, LLC	
SUBJE	CI:	Name of Limit	ted Liability Company	<del></del>
		mendment and fee(s) are subn		
		ANN BLACK		
		<u></u>	Name of Person	
		SMITH, THOMPSON, SH	AW, ET AL.	
			Firm/Company	
		3520 THOMASVILLE RO	AD, FOURTH FLOOR	
			Address	
		TALLAHASSEE, FL 3230	9	
			City/State and Zip Code	
		lori@matticerealestate.com  E-mail address: (1	o be used for future annual repo	rt notification)
For fur	her information co	ncerning this matter, please ca	ill:	
ANN E	BLACK		850 893-4	05
	Name of	Person	Area Code I	Daytime Telephone Number
Enclose	ed is a check for the	e following amount:		
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	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

MATTICE & M	ATTICE REAL ESTATE, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records Liability Company)	<u>r)                                      </u>
The Articles of Organization for this Limited Liability Company Florida document number L02000034628	were filed on 01/08/2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
LORI B. MATTICE, LLC		·
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		FR 5 1
(Principal office address MUST BE A STREET ADDRESS)	3130 Rue Royale	
	Tallahassee Fl 32308	en la
Enter new mailing address, if applicable:	3130 Rue Royale	9
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee Fl 32308	× 0,
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		
		-
<del></del>	City, Fig.	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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>	Name	Address	Type of Action
MGRM	LORI B. MATTICE	3130 Rue Royale	□ Add
		Taliahassee Fl 32308	□ Remove
			■ Change
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ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this biocument's effective date on the D	t be specific and cannot be prior to date of filing or ock does not meet the applicable statutory fi	(optional) r more than 90 days after filing.) Pursuant to 605.0207 (3 ling requirements, this date will not be listed as th
e record specifies a delayed The 90th day after the rec	l effective date, but not an effective ord is filed.	e time, at 12:01 a.m. on the earlier of:
April 11	2018	
ated		
ated	Signature of a member or authorized representati	tice

Page 3 of 3

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