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DIVISION OF CORPORATIONS

OR FER 21 PM 2: 17

J. BRYAN

FEB 2 2 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Matollos LLC (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:	
Matthew W Witsing (Name of Person)	
Mato 1/05 CLC	`
(Firm/Company)	08 SEVILLE
910 Jeffords St.	FEB 2
Matthew W Witsing (Name of Person) Mato 1/05 CC (Firm/Company) 9/0 Jeffords St. (Address) (Address) (City/State and Zip Code)	RY OF STATE
(City/State and Zip Code)	2:-
For further information concerning this matter, please call:	7 %
Matt Wiksing at (727) 599-7547 Both (Area Code & Daytime Telephone Number)	/
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{Solon Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} Certified Copy (additional copy (add	ntus &

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**

Mato 1/05 (Name of the Limited Lie	ability Company as it now appears on oprida Limited Liability Company)	ur records.)
(A Flo	orida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on _/_///	, m
This amendment is submitted to amend the following	ng:	FILED STATE SECRETAROR CORPORATIO SECRETAROR CORPORATIO SECRETAR C
A. If amending name, enter the new name of th	e limited liability company here:	PA POST
The new name must be distinguishable and end with the		2. 篇
"L.L.C." B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the name of the new
Name of New Registered Agent:		
N. B. ' A. J.O. A. 11		
New Registered Office Address:	(Enter Florida street address)	
•	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	istered 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action **Title** Address Apollo O'neil 255 Dolphih Pt. #213 Add Clearwater, 11 33767 Remove MGRM Add 🔲 ☐ Remove __Add ☐ Remove Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated. 1-20-08 Signature of a member or authorized representative of a member

Math Wirsing

Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00