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(Requestor's Name)		
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(Marcos)		
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COVER LETTER

TO: Registration Section Division of Corporations	
	110
SUBJECT: MATRIX ROFESSIONAL (Name of Limited L	SERVICES LLC
(Name of Limited L	naomity Company)
	0.00
The enclosed Articles of Amendment and fee(s) are submitted	
Please return all correspondence concerning this matter to the	following:
GARY MEDL (Name of	
MATRY PROFESS	IONAL SERVICES, LCC BE
1008 WILLA SPRIM	JGS DRIVE SLITE 110 CT
WINTERSPRIN	65 FL 32708 3
(City/State an	d Zip Code)
For further information concerning this matter, please call:	.
GARY MEDLEY (Name of Person)	at (407) 463-5242 (Area Code & Daytime Telephone Number)
J ((value of rotson)	(, , , , , , , , , , , , , , , , , ,
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

(Present Name) (A Florida Limited Liability Company)

1-13-2005 FIRST: SECOND: This amendment is submitted to amend the following: 15: HODRESS 15: 32708 18-1.2006 Dated_ Signature of a member or authorized representative of a member

Filing Fce: \$25.00