## 605000036411

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Document Number)				
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EXAMINER

## **COVER LETTER**

TO: Registration Solution of Co.			
SUBJECT: MATAF		ted Liability Company)	
	Amendment and fee(s) are subrondence concerning this matter t		
	Charles Posternack		
•		(Name of Person)	
	MATAPILLC		
		(Firm/Company)	
2901 Clint Moore Road, #245		——————————————————————————————————————	
		(Address)	LLAH OC.
	Boca Raton, FL 33496	(City/State and Zip Code)	TARY C
For further information	concerning this matter, please ca	II:	2000 OCT 31 AM IO: 07 SECRETARY OF STATE TALLAHASSEE, FLORID
Charles Posternack		at (561 ) 542-45	745 Br. 3
1	of Person)	(Area Code & Daytime Te	
Enclosed is a check for t	he following amount:		
<b>2</b> \$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)
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATAPILLC		
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liab		and assigned
Florida document number L05000036411		
•	<del></del>	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
		ZUC TAI
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the designation	TELC" of the abbreviation
Enter new principal offices address, if applicab	le:	SS 3
(Principal office address MUST BE A STREET)	ADDRESS)	TO P
•		10: 07
		07
Enter new mailing address, if applicable:		1.74 -
(Mailing address MAY BE A POST OFFICE BO	DX)	
	registered office address on our records, ent	er the name of the nev
registered agent and/or the new registered offic	e address here:	
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 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member Type of Action Title Name Address MGR PA Management Services LLC 1900 NW Corporate Blvd Add 🗖 Remove Suite 225 West Boca Raton, FL 33431 Charles Posternack MGR 2901 Clint Moore Road, #245 ■ Add Remove Boca Raton, FL 33496 **௺** Add Remove  $\bigcirc$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Charles Postemack

Filing Fee: \$25.00