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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

то:	Registration Sec Division of Corp			
SUBJE	ст:	Mati Solutions, LLC Name of Limited Liability Company		
The enc	losed Articles of A	Amendment and fee(s) are submitted for filing.		
Please r	eturn all correspor	ndence concerning this matter to the following:		
		Mathieu Joseph Name of Person	-	
		Firm/Company	-	
		1550 N. Federal Hwy # 14		<u> </u>
		Boynton Beach, FC 33435 City/State and Zip Code	20 SEP	
		Omati Solutions @ gmail. Com E-mail address: (to be used for future annual report notification)	9	1200 B
For furtl	her information co	oncerning this matter, please call:	AM 11: 12	PORATION
M	athreu Name of	Toseph at (833) 499 - 4300 Person Area Code Daytime Telephone Number		Tioks
Enclosed	d is a check for the	e following amount:		
⊠ \$25	.00 Filing Fee	(additional copy is enclosed) Certified	te of Status &	
	Mailing Address: Registration Se			

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Or	
OMATI SOJUTIONS (Name of the Limited Liability Companion (A Florida Limited Liability)	
The Articles of Organization for this Limited Liability Company with the Florida document number <u>L070000 45553</u> . This amendment is submitted to amend the following:	vere filed on 04/30/2007 and arigned S
A. If amending name, enter the new name of the limited liabile OMATI HOUSING LLC The new name must be distinguishable and contain the words "Limited Liability".	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2431 w. Pensacola st Tallahassee, FL 323.04
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1550 N Federal Hwy #14 Boynton Beach, FC 33435
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	idress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Math/s New Registered Office Address: /550	N. Federal Hwy #14 Enter Florida street address 1 Beach Florida 33435 City Zip Code
Boynton	O Beach . Florida 33435 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
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•			□Remove
			Change
			□Add
			□Remove
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ın effec	e date, if other than tive date is listed, the dat f the date inserted in that's effective date on t	te must be specific an his block does not a	id cannot be prior to o meet the applicable	late of filing or more t	han 90 days after fil	ing) Pursuant to 605 (
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