# L07000061919

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
<b>-</b>				
(Business Entity Name)				
(,				
(Document Number)				
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Certified Copies Certificates of Status				

Special Instructions to Filing Officers SELLERS

JUN - 8 2010

**EXAMINER** 



Office Use Only



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04/08/10--01033--020 \*\*43.75

SECRETARY OF STATE.

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CARUS MATTA INTERNATIONAL LUC 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:
CARUS MATTA Name of Person
CARLOS MATTA INTERNATIONAL LUC Firm/Company
888 BISCAYNE BLUD # 4710  Address
Mishi FL 33132  City/State and Zip Code  info@ carlosma+ta.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carlos Ma+ta at (305) 457-9700  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee & \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  have a credit of 43.75
MAILING ADDRESS. CTDEET/COLDIED ADDRESS.

#### 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



April 12, 2010

CARLOS MATTA 888 BISCAYNE BLVD., #4710 MIAMI, FL 33132

SUBJECT: CARLOS MATTA INTERNATIONAL INC.

Ref. Number: W10000017672

We have received your document for CARLOS MATTA INTERNATIONAL INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$75.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 410A00008893



May 27, 2010

CARLOS MATTA 888 BISCAYNE BLVD. #4710 MIAMI, FL 33132

SUBJECT: CARLITOS MATTA, LLC

Ref. Number: L07000061919

We have received your document for CARLITOS MATTA, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 410A00013387

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carlitas Matta L	ıc
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on June     2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Carlos Matta Internationa	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	888 Biscayne Blvd. #4710
(Principal office address MUST BE A STREET ADDRESS)	Miami FL 3313Z
Enter new mailing address, if applicable:	PO Box 370462
(Mailing address MAY BE A POST OFFICE BOX)	PO Box 370462 Miami = C 33137
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:	
New Registered Office Address:	N/A ES E
New Registered Office Address.	Enter Florida street address
<del></del>	City , Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	ATE S
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	ete performance of my duties, and I am familiar with and provided for in Chapter 608, F.S. Or, if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			☐ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
<del> </del>			Add
D. If amen —	ding any other information, o	enter change(s) here: (Attach additional she	ets, if necessary.)
			<del></del>
_			
Dated	ine 2nd	.2010.	
	/ /	of a member or authorized representative of a m	ember

Page 2 of 2

Filing Fee: \$25.00