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TALLAHASSEE, FLORIDA

T. CLINE

MAR 26 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DataMatrix 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:

**J Simmons**

(Name of Person)

**DataMatrix LLC**

(Firm/Company)

**7512 Dr. Phillips Blvd**

(Address)

**Orlando, FL 32819**

(City/State and Zip Code)

For further information concerning this matter, please call:

**J Simmons**

(Name of Person)

at ( )

**407.672.6886**

(Area Code & Daytime Telephone Number)

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Enclosed is a check for the following amount:

☒ \$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)

**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

**REIMATRIX LLC**

Page 1 of 2

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

**Name Change To:**

**DataMatrix LLC**

Dated **March 23**, **2009**

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**J. Simmons**  
\_\_\_\_\_  
Typed or printed name of signee