

LOS 0000-100412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

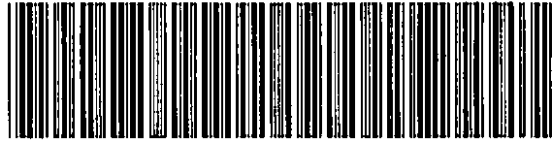
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

7/27

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LLC
Amend.

2020 JUL 27 PM 2:33

7/1/20

JUL 31 2020
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2020

filed

JAMES A MATO
MATO CONSTRUCTION, LLC
P.O. BOX 1844
ST. AUGUSTINE, FL 32085

SUBJECT: MATO CONSTRUCTION, LLC
Ref. Number: L08000040042

We have received your document for MATO CONSTRUCTION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 820A00012148

Please find enclosed the correct document
Papers and hopefully completed correctly.
I did send a check for \$35.00 with the
original paper work, I think I may have over
paid by \$10.00 I do not need any refund.
Thank you.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MATO CONSTRUCTION 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:

JAMES A MATO
Name of Person

MATO CONSTRUCTION LLC
Firm/Company

P.O. BOX 1844
Address

ST AUGUSTINE, FL 32085
City/State and Zip Code

MATOCONSTRUCTION@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES A MATO at (904) 599 2869
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

check for \$35.00 was sent with original Paper work
I completed the wrong document by error please see your
letter # 820900012148 I do not need any refund. Thank you.

Mailing Address:

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

Street Address:

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**

MATO CONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4-21-2008 and assigned Florida document number LO8000040042

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael Welsby	2330 21 st ST SW	<input type="checkbox"/> Add
		NAPLES	<input checked="" type="checkbox"/> Remove
		FL 34117	<input type="checkbox"/> Change
MGR	CARL R. Smith	8064 Dancing Wind Lane	<input checked="" type="checkbox"/> Add
		APT 1908	
		NAPLES	<input type="checkbox"/> Remove
		FL 34119	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

PAUL M TROTT
Typed or printed name of signer

Filing Fee: \$25.00