## LU8000045755

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(Cit	y/State/Zip/Phone	<del>9 #)</del>
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUL 13 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MATT + 2 EE  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:
MATTHEW A. APCH BAZD  Name of Person
MATT + ZEE LLC Firm/Company
1740 NW 191 ST100T
MIAMI SAPOENS (1 33 05 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
brokyam@aol.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MATHEW A. ARCHI SACO at (355 628 - 287 Pm 5)  Name of Person  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\tex
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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa (A Florida Limited I	-•	r records.)
The Articles of Organization for this Limited Liability Company Florida document number 60800045755	were filed on 05/c	7/2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	MA	/ FS TA
(Principal office address MUST BE A STREET ADDRESS)		
		TASS 2
Enter new mailing address, if applicable:	NI AT	
(Mailing address MAY BE A POST OFFICE BOX)		LOGIO
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ords, enter the name of the new
Name of New Registered Agent:	V /A	
New Registered Office Address:	MID	ida street address
	Enter Flor	ida street address
<del></del>	City	_, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		sip cone

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.

ed Agent, Signature of New Registered Agent

Page 1 of 2

MGR = Manager MGRM = Managing Member  $\nu$ <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** ☐ Add Remove Add Add [ ☐ Remove " Add Remove l**Re**move : D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010. Dated Signature of a member or authorized representative of a member

. 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:

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Filing Fee: \$25.00