

LO8 000045755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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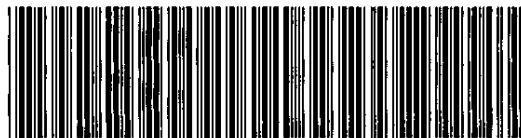
(Business Entity Name)

(Document Number)

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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 + ZEE
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. ARCHASAC
Name of Person

MATT + ZEE LLC
Firm/Company

1740 NW 191 STREET
Address

MIAMI GARDENS FL 33056
City/State and Zip Code

brookyam@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW A. ARCHASAC at (305) 628-2877
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 ☐ \$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

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TALLAHASSEE, FLORIDA

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MATT + ZEE 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 ✓

Title	Name	Address	Type of Action
MGRM	ZELDA M. ARCHIBALD	1740 NW 191 Street MIAMI GARDENS FLORIDA 33056	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MICHELLE A. ARCHIBALD — SAMUEL	1740 NW 191 Street MIAMI GARDENS FLORIDA 33056	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUL 10 2010
AM 11:00

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated July 9, 2010.

Signature of a member or authorized representative of a member: MGRM ✓
 Typed or printed name of signee: MATTHEW A. ARCHIBALD MGRM ✓