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SECRETARY OF STATE OF

### **COVER LETTER**

TO: Registration Section Division of Corporations	•	
SUBJECT: <u>HATRI</u>	XX TECHNOLOGIES (Name of Limited Liability Company	LLC
The enclosed Articles of Amendme	nt and fee(s) are submitted for filing.	
Please return all correspondence co	ncerning this matter to the following:	
M	ARTAGENA (Name of Person)	
2/	(Firm/Company)	Da ivi=
<u> </u>	34 WOOD POINTE (Address)	DRIVG
140	CIDAY, FLOR: DA (City/State and Zip Cod	<u>34691</u>
For further information concerning	this matter, please call:	
MARIO CARTAG (Name of Person)	ENA at (727) (Area C	237-6964 ode & Daytime Telephone Number)
Enclosed is a check for the following	g amount:	
\$25.00 Filing Fee \$30.0 Ce	00 Filing Fee & ☐\$55.00 Filing Fer trifficate of Status ☐ Certified Copy (additional copy)	Certificate of Status &

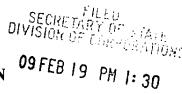
#### MAILING ADDRESS:

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 ARTICLES OF ORGANIZATION 09 FEB 19 PM 1: 30 **OF**



MATRIXX TECHNO (Name of the Limited Liability Compa (A Florida Limited L	SLOGIGS LLC ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ited Liability Company," the designation "LLC" or the abbreviation  2634 WOOD POINTE DRIVE  HOLIDAY, FLORIDA 34691
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2634 WOOD POINTE DRIVE HOLIDAY, FLORIDA 34691
registered agent and/or the new registered office address her	
Name of New Registered Agent:	RIO CARTAGENA
New Registered Office Address: 26	84 WOOD POINTE DRIVE (Enter Florida street address)
//.	1 i NAU 24/0,

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 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.

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARIO CARTA	GENA 2634 WOOD POINT HOLIDAY, FL 3	Add Remove
4GL M	CARNEN M. CART	AGENA 2634 WOOD POIN	TE DRIUG Add SY69/ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ameno	ling any other information, enter	change(s) here: (Attach additional shee	ts, if necessary.)
_			
Dated	ebenary 16.	nember or authorized representative of a me	

. 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:

Page 2 of 2

Filing Fee: \$25.00