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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAR - 3 2011

TXAMINET

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: MatchorM	ingle LLC		
		d Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	Kahil Wright		,
		Name of Person	
	Matchormingle LLC		
		Firm/Company	
	Lake Howell Rd. Suite 201	9	
		Address	
	Maitland, Florida 32751	[
		City/State and Zip Code	
	Contact@matchormingl		
	E-mail address: (to l	be used for future annual report notification	1)
For further information co	oncerning this matter, please cal	11:	
Kahil Wright		at (904) 647 - 0926	
Name of	Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

11 MAR -2 AM 14 42

Matchormingie LLC (Name of the Limite	d Liability Company as it now app	ears on our records.)	
	A Florida Limited Liability Compan		
The Articles of Organization for this Limited	Liability Company were filed on	March 02, 2010	and assigned
Florida document number L10000023534			
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability company	here:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Con	npany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if appl	licable:		
(Principal office address MUST BE A STRE	EET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
			
B. If amending the registered agent and/or registered agent and/or the new registered		r records, <u>enter the n</u>	ame of the new
Name of New Registered Agent:	Kahil Wright		
New Registered Office Address:	Lake Howell Rd. Suite 201	_0	
non registered office radices.		 Enter Florida street aa	dress
	Maitland	, Florida	32751
	City		7in 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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kahil Wright	Lake Howell Rd. Suite 201-9	Add_
· · ·		Maitland Fl, 32751	Remove
CEO	Kahil Wright	Lake Howell Rd. Suite 201-9	Add
		Maitland Fl, 32751	Remove
СТО	Timothy Perez	Lake Howell Rd. Suite 201-9	Add
		Maitland Fl, 32751	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
D. If amer	nding any other information, ento	er change(s) here: (Attach additional sheets, if necess	ary.)
<u> </u>	am changing the Title of "Kahi	Wright" from MGR to CEO. Also "Kahil Wright	is to be the
<u>re</u>	gistered agent. I am adding "Tir	mothy Perez" to the LLC and his title will be CTO	SECI
_			RETAFE ON OF
			CORPORATIONS CORPORATIONS 2 BM 14 42
-			OF STATE DRPORATION
Dated	Feburary 24		2 IONS
(Signature of a	member or authorized representative of a member	
	Kahil Wright	member or authorized representative of a member Typed or printed name of signce	
	_	- Miles of States	

Page 2 of 2

Filing Fee: \$25.00