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## **COVER LETTER**

TO: Regist Division	ration Section n of Corporations			
SUBJECT:				
	Name of Limited Liability Company			
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.			
Please return all	correspondence concerning this matter to the following:			
	J. Stephen Crawford, Esq.			
	Name of Person			
	J. Stephen Crawford, Chartered Firm/Company			
	mere)			
Bonita Springs, Florida 34135  City/State and Zip Code		2810		
	Isilhavy@comcast.net E-mail address: (to be used for future annual report notification)	ZBIO AUG		
	•	GO 2		
For further info	rmation concerning this matter, please call:	£775 *		
	J. Stephen Crawford at (239) 949-1818  Name of Person Area Code & Daytime Telephone Number	PM IZ:		
	Name of Person Area Code & Daytime Telephone Number	5		
Enclosed is a ch	neck for the following amount:			
<b>▼</b> \$25.00 Filin	Certificate of Status Certified Copy Certifica (additional copy is enclosed) Certified	ite 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 TO ARTICLES OF ORGANIZATION OF

<u> Matsumora</u>	a Investments LL	.C	
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now apper mited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Cor Florida document numberL10000025314		March 5, 2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company ho	ere:	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Com	pany," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable:			Fe (2)
<u>(Principal office address MUST BE A STREET ADDRE</u>	ESS)		-(-)
		2)	
		$\widetilde{\mathcal{G}}_{i}$	5 0
Enter new mailing address, if applicable:			100 mm
(Mailing address MAY BE A POST OFFICE BOX)		7	
		52.1	77-
		19.00 to 19.	<u>. 6</u>
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		our records, enter th	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	E	Enter Florida street addr	ess
	, Florida		
,	City		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 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 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>	Name	Address	Type of Action			
MGRM	KLARA SILHAVA	602 WEDGEWOOD WAY NAPLES, FLORIDA 34119	_☑ Add _☐ Remove _			
			Add Remove			
			Add Remove			
			Add			
		To a constant of the constant	Modul			
D. If amendin	g any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	_			
			_			
Dated	AUGUST 13 , 201	0.0	_			
-	J. STEP	r authorized representative of a member PHEN CRAWFORD r printed name of signee				

Page 2 of 2

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