L11000006619

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Calmost Emily Comp
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
opeoids instructions to 1 lining officer.

Office Use Only



900199791389

04/01/11--01019--009 **25.00



C. LEWIS

APR 4 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpor		· · · · ·	•••		
S WB J	ECT:	SiN	Matirx, LLC			
	- 	Name of Lim	ited Liability Company			
		nendment and fee(s) are sui	_			
Please	return all corresponde	ence concerning this matte	r to the following:			
			Peter Repak			
			Name of Person			
			SiMatrix, LLC Firm/Company			
2046 Shadow Ln. Address						
Clearwater, FL 33763						
City/State and Zip Code						
prepak1@tampabay.rr.com E-mail address: (to be used for future annual report notification)						
For fu	rther information conc	erning this matter, please of	call:			
		er Repak	at (_727_)	643-1871		
	Name of Pe	rson	Area Code & I	Daytime Telephone Number		
Enclos	ed is a check for the fo	ollowing amount:				
▼ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en		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



PATI APR -4 PM VM 10

	_		THE WEST LET THE TOTAL TOTAL
SiMatı	rix, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appe Liability Company	ars on our record	TALENTIASSEE: FEORIDA
The Articles of Organization for this Limited Liability Compar	ıy were filed on _	Januray 24,	2011 and assigned
Florida document numberL11000006619			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company h	ere:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Com	pany," the designa	ntion "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			1.1.10/199
Enter new mailing address, if applicable:			15. (15.11.51.51.5
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of	office address on	aur rocards o	enter the name of the new
registered agent and/or the new registered office address he		our records, g	inter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
			da
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and ag the provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	plete performanc provided for in (e of my duties, c Chapter 608, F.:	and I am familiar with and S. Or, if this document is

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	Fred Brief Breier St	1811 E -SEWARD ST. TAMPA, FC 33604	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add
D. If amen	ding any other information, enter char	age(s) here: (Attach additional sheets, if necessa	ry.)
_			
 Dated	February 24 2	2011 .	THE PARKET
	Signature of a memb	er or authorized representative of a member	1 0
		Peter Repak	
	Туре	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00