

04/17/2032 01:00

#5982 P.001/004

L11000020252

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000131212 3)))



H140001312123ABCP

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MATICO GROUP LLC

Certificate of Status	0
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Page Count	03
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TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

T. HAMPTONelp

04/17/2032 01:00

#5982 P.002/004



June 6, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: MATICO GROUP LLC
REF: L11000020252

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H14000131212
Letter Number: 614A00012200

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TALLAHASSEE, FLORIDA

H140001312121

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MATICO GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/16/2011

Florida document number L11000020252

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 605, 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

H140001312121

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2014 JUN -6 PM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/17/2032 01:00

JUN 05 2014 8:54AM HP LASERJET FAX

#5982 P.004/004
P. 3

H1400013121

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
MGR	FATIMA FRESTEIRO	2050 NE 183 STREET NORTH MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated MAY 22

2014

X

Signature of a member or authorized representative of a member

MIGUEL MATO

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUN -6 AM 9:18

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