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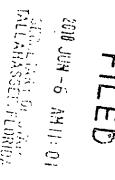
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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COVER LETTER

| Division of Corpo | rations | | |
|-------------------------------|--|---|---|
| SUBJECT: \(\square\) M | A CousuLt | ed Liability Company | |
| | Nane of Emile | ed Lyamity Company | |
| | | | |
| The enclosed Articles of An | nendment and fee(s) are subm | nitted for filing. | |
| Please return all corresponde | ence concerning this matter to | the following: | |
| | | | |
| | JAMES M | Name of Person | |
| | J MAT C | Firm/Company Correct | s. LLC |
| | 4632 Roya | BINKDALE WAY | / |
| | wesley Cha | PCL FL 33543 City/State and Zip Code | 5 |
| | James mat Ris E-mail address: (to | be used for future annual report notification | Com on) |
| For further information cond | erning this matter, please cal | l: | |
| James Matri | Sciano | at (<u>\$13</u>) <u>U\$Z-3UU</u> Area Code Daytine Tel | 5 |
| Name of Pe | erson | Area Code Daytime Tel | ephone Number |
| | | | |
| Enclosed is a check for the f | ollowing 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:

TO:

Registration Section

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

|) MAT CONSCIENCE Gra | oup, CCC | |
|--|--|-----------------------|
| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our records.) lability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{1700013776}{}$. | were filed on SeP 4 20 | 12 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil J MAT FATC PASS. LLC The new name must be distinguishable and contain the words "Limited Liabili | | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | NA | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | W/A | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | r the name of the new |
| Name of New Registered Agent: | | 2018 JU |
| New Registered Office Address: | Etier Florida Freet address | ASSET 6 |
| | , Florida _ | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | 0 |

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Address Type of Action Title Name _D Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change ☐ Remove _□ Change ☐ Remove _□ Change _□ Remove ☐ Change _□ Add _□ Remove

☐ Change

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| fan effective <u>Note:</u> If the | ate, if other that date is listed, the de- e date inserted in effective date or | ate must be spe this block do | cific and canr es not meet | the applicable | e statutory fill | ing requirement: | s, this date v | Pursuant to 6 vill not be li | 05.0207 sted as |
| | specifies a de h day after th | | | , but not a | n effective | time, at 12: | 01 a.m. c | n the ear | lier of |
| Dated | Juni | $\overline{\mathcal{M}}$ | Z | 018 | - | | | | |
| (- |)an | <u>مر</u> Signati | MUX] ire of a memi | A.K.D per or authorize | ed representati | ve of a member | | | |
| | 1/ | - A | , | | | | | | |
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Filing Fee: \$25.00