

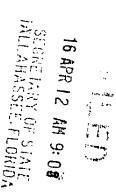
(Re	equestor's Name)	
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APR 13 2016 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:		ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	MARCO	Name of Person	
	MAT	HOIUES, LCC Firm/Company	
	232	BEHRING WAY Address	
	JUPITER	City/State and Zip Code	
-	Marco Ferri E-mail address: (to	minesi @ amail (U) \ b be used for future annual report notific	ation)
For further information conce			
Marco Te	PMINESI rson	at (56/) 797 Area Code Daytime T	- 5956 Felephone Number
Enclosed is a check for the fo	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:

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

TO ARTICLES OF ORGANIZATION OF

Marcos Socrer r	Academy	i, LLC.	
(<u>Name of the Limited</u> (A	Liability Compan Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L120001190</u>	oility Company v	0/17/201	2 and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the MAT HOMES, LLC. The new name must be distinguishable and contain the work	•		abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	232 Behring War	1
(Principal office address MUST BE A STREET	ADDRESS)	Juriter, Ft J 33458	3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	232 Behring Way Jupiter, FLU 33458	}
B. If amending the registered agent and/or registered agent and/or the new registered office			the name of the new
Name of New Registered Agent: New Registered Office Address:	Marco T 232 B Turiter	En)er Florida street address Florida	R 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		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

or removed from our records:

MGR = Manager AMBR = Authorized Member **Title Name Address Type of Action** 'assandra Terminesi 232 Behring Way ☐ Add Remove ☐ Change Marco Terminesi **X**(Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove □ Change

□ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

The LLC description needs to be Changed.
The new description for MAT HONES, LLC should read as follows &
YEAR AS TOTIONS 9
any and all real estate transactions, real estate
senovations, investments, seal estate marketing, seal estate advertising, seal estate events and
Sponsorships.
<u> </u>
Ne -
APR
RAN CO
E. Effective date, if other than the date of filing:(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.
Dated ANY 8 Signature of a member or authorized representative of a member
MARCO PERMINGI Typed or printed name of signee

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Filing Fee: \$25.00