L12000152704

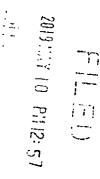
(Requestor's Name)		
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900329124549

05/10/13-+01012--023 **R0.00



Amundicas

MAY 21 2019 I ALBRITTON

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	MATPOST	LLC		
oobbig.c.		Name of Limi	ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter t	to the following:	
		ALBERT MARTELL		
			Name of Person	
		MATPOST LLC		
			Firm/Company	
		4626 SW 44TH LN		
			Address	·
		GAINESVILLE, FL. 3260	8	
		4 =	City/State and Zip Code	
		AMARTELL.2003@GMAI		
		E-mail address: (t	to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please ca	ıll:	
ALBERT M			at () 278-6213 Area Code Daytime	
	Name of	Person	Area Code Daytimo	: Telephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00 I	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

TO:

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

MATPOST LLC			
(Name of the Limite	d Liability Comp A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia		were filed on MAY 8, 2019	and assigned
Florida document number 1.12000152704			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	pility company here:	
N/A			
The new name must be distinguishable and contain the wo	ords "Lumited Liab	thty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		2019
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>		i i
			<u> </u>
			က်
B. If amending the registered agent and/oregistered agent and/or the new registered of	•		enter the name of the new
Name of New Registered Agent:	N/A		
rame or tver regime ex rigen.		· · · · · · · · · · · · · · · · · · ·	·
New Registered Office Address:		Enter Florida street address	
		. Floric	da
		, FIGUR	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

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

<u>Title</u>	Name	Address	Type of Action
MGR	BRYAN MATIAS	2998 BENT BOW LN	Add
		MIDDLEBURG, FL. 32068	■ Remove
			☐ Change
			☐ Remove
			Change
			□ Remove
			☐ Change
			Add
			🗀 Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

-	ny other information, enter c MARTELL HOLDS 100% OW		
			······································
		· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·
		,	
			
			····
			
			
(If an effective date Note: If the dat	if other than the date of filin is listed, the date must be specific an e inserted in this block does not ctive date on the Department of	d cannot be prior to date of filing or meet the applicable statutory fil	(optional) more than 90 days after filing.) Pursuant to 605,0207 (3)(h) ing requirements, this date will not be listed as the
the record spe) The 90th d	ecifies a delayed effective by after the record is filed	date, but not an effective	e time, at 12:01 a.m. on the earlier of:
Dated MAY 8		2019	
		NT/a A MS	
	Signature	member or authorized representati	ve of a member
A 1 E	ERT MARTELL, MANAGER		
ALC	ERT WIRK FEEL, WINNAVIER	Typed or printed name of signee	
		D	State of FL County of ALACHUA
		Page 3 of 3	Subscribed and sworn to (or affirmed) before me on the
		Filing Fee: \$25.00	by ALBERT MARTELL whose Identity I verified on the basis of
	MRY 40	Eilen Walker	FLORIDA DRIVER LIGENS

Ellen Walker
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG317411
Expires 4/16/2023