

L13000085023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

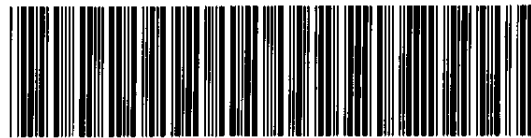
(Business Entity Name)

(Document Number)

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16 DEC 28 PM 2:14

DIVISION OF CORPORATIONS

O SIMMONS

DEC 28 2016

December 28, 2016

ATTN: Ms. Simmons (we just talked)

FROM: Andy Pheiff (904 910 6708) 

DOCUMENT #: L13000085023

RE: MAT CC LLC – Deleting a Member / Form submitted & check cashed 12/13/2016

ATTACHED: Copy of check front & back

PAGES: 2 (Including Cover page)

RECEIVED  
2016 DEC 28 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(850) 245-6030

CHASE

ATM:

MS. SIMMONS

Printed from Chase Personal Online

Document # ~~100~~ L13000085023

Check

Mat CC, LCC

Front

|  |                               |                              |
|--|-------------------------------|------------------------------|
| <b>ANDREW PHEIFF</b><br><b>TRACY A. PHEIFF</b><br>177 SEA ISLAND DR.<br>PONTE VEDRA BEACH, FL 32082-3738 |                               | 83-8413<br>2670 63861<br>113 |
| DATE <u>12/7/16</u>  |                               |                              |
| PAY TO THE ORDER OF  | <u>FLORIDA DEPT. OF STATE</u> | \$ <u>35.00</u>              |
| <u>Thirty five</u>   |                               | DOLLARS                      |
| <b>CHASE</b><br>JPMorgan Chase Bank, N.A.<br>www.Chase.com   |                               |                              |
| MEMO   | <u>MATCC</u>                  | <u>APheiff</u>               |
| ⑆ 267084131⑆   |                               | 89582058210113               |

Back

|   |  |
|---|--|
| <b>ENDORSE HERE</b>   |  |
| CHECK NUMBER 42017897407957<br>DATE 12/7/16<br>DEPOSIT ONLY \$5.00<br>005-45004530833441655<br>DO NOT WRITE IN THESE SPACES<br>FEDERAL RESERVE BOARD OF GOVERNORS REG. CC |  |

Post date

Check #

Check amount

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MATCC LLC**

*Name of Limited Liability Company*

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew Pheiff

*Name of Person*

MATCC LLC

*Firm/Company*

177 Sea Island Drive

*Address*

Ponte Vedra Beach, FL 32082

*City/State and Zip Code*

apheiff@gmail.com

*E-mail address: (to be used for future annual report notification)*

For further information concerning this matter, please call:

Andrew Pheiff

at ( 904 ) 910 6708

*Name of Person*

*Area Code*

*Daytime Telephone Number*

Enclosed is a check for the following 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATCC 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 June 12, 2013 and assigned  
Florida document number L13000085023

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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**

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> | <u>Name</u>       | <u>Address</u>             | <u>Type of Action</u>                      |
|--------------|-------------------|----------------------------|--|
| MGR          | Matthew Kleinosky | 104 Barton Avenue          | <input type="checkbox"/> Add               |
|              |                   | Toronto, ON M6G 1P6 Canada | <input checked="" type="checkbox"/> Remove |
|              |                   |                            | <input type="checkbox"/> Change            |
|              |                   |                            | <input type="checkbox"/> Add               |
|              |                   |                            | <input type="checkbox"/> Remove            |
|              |                   |                            | <input type="checkbox"/> Change            |
|              |                   |                            | <input type="checkbox"/> Add               |
|              |                   |                            | <input type="checkbox"/> Remove            |
|              |                   |                            | <input type="checkbox"/> Change            |
|              |                   |                            | <input type="checkbox"/> Add               |
|              |                   |                            | <input type="checkbox"/> Remove            |
|              |                   |                            | <input type="checkbox"/> Change            |
|              |                   |                            | <input type="checkbox"/> Add               |
|              |                   |                            | <input type="checkbox"/> Remove            |
|              |                   |                            | <input type="checkbox"/> Change            |
|              |                   |                            | <input type="checkbox"/> Add               |
|              |                   |                            | <input type="checkbox"/> Remove            |
|              |                   |                            | <input type="checkbox"/> Change            |

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JANUARY ONE

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

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DIVISION OF CRIMINAL JUSTICE

7

**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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 December 28, 2016

Signature of a member or authorized rep

Signature of a member or authorized representative of a member

**Andrew Pheiff**

Typed or printed name of signee