113000093133

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(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	; #)
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COVER LETTER

TO:	Registration Se Division of Cor			
CLIDIE		EAM, LLC		
SUBJE	UI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		LYSIS CASTRO		
			Name of Person	
		MATTIS TEAM, LLC		
			Firm/Company	15
		11522 SW 100TH AVENU	JE	36
			Address	
		MIAMI, FL 33176		
			City/State and Zip Code	
		LYSIS@MATTISTEAM.C	OM to be used for future annual report not	
For fired	har information a		·	nication)
		concerning this matter, please of		•
LYSIS	CASTRO	C.D.	305 786.266.397	
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclose	d is a check for the	he 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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATTIS TEAM, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L13000093133	were filed on JUNE 28, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	325 S. BISCAYNE BLVD #623	궁 같았
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33131	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Enter new mailing address, if applicable:		A 1756
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the nev
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:		

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

Title	Name	<u>Address</u>	Type of Action
Title QUALIFIE BROKER	LYSIS OLGA CASTRO	325 S BISCAYNE BLVD #623	B Add
		MIAMI, FL 33131	Remove
			Change
			Add
			Remove S
			Change
			
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ctive date, if other than the c	ate of filing:	(optional)
If the date inserted in this blo	ex specific and cannot be prior to date of filing or ek does not meet the applicable statutory file	more than 90 days after filing.) Pursuant to 605.0 ing requirements, this date will not be listed
ment's effective date on the De	partment of State's records.	
		time at 12.01 and an the anglish
ecord specifies a delayed ne 90th day after the reco	rd is filed.	time, at 12:01 a.m. on the earlier

d AUGUST 22ND	. 2016	
	1000	
V	euro)	ve of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00