## 117000174210

(Ře	equestor's Name)	
(Ac	dress)	
(Ac	ddress)	
•	·	
· · · · · · · · · · · · · · · · · · ·	ty/State/Zip/Phon	o #0
(OI	ny/Glate/Zip/Filon	<del>σπ)</del>
PICK-UP	☐ WAIT	MAIL
	,	
(Bi	usiness Entity Nai	me)
	·	
	ocument Number	
(2)	odinent (daniber)	•
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
,	-	

Office Use Only



800253953128

12/04/13--01005--010 \*\*25.00

J. Shivers DEC 0 5 2013

## **COVER LETTER**

то:	Registratio Division of	n Section Corporations	. *	
SUBJ	ECT:	MATTHEW (	CAPITAL GROVP, LLC mited Liability Company	
The er	nclosed Article	es of Amendment and fee(s) are s	submitted for filing.	
Please	return all corr	respondence concerning this mat	ter to the following:	
		JANE	Name of Person	
		MATT	HELL CAPITAL GROVP,	uc
		2114	PARK CRESCENT DRI	VE
		LANO	O LAKES, FLORIDA  City/State and Zip Code  motthew@smail. C  it (to be used for future annual report notific	34639
·		E-mail address	matthewe smail. C	eation)
For fur	ther informati	on concerning this matter, please		
		L. MATTHEW me of Person	at (813) 810 ~  Area Code & Daytime	1129 Telephone Number
Enclos	ed is a check f	or the following amount:		- d - 190 g
\$25	i.00 Filing Fce	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

MATTHEW CAPIT	TAL GROUP, LLC  pany as it now appears on our records.)	
( <u>Name of the Limited Liability Com</u> (A Florida Limited	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compar	any were filed on 09 20 2013 and assigned	
Florida document number <u>L13000134210</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	iability company here:	
The new name must be distinguishable and end with the words "Liu"L.L.C."	imited Liability Company," the designation "LLC" or the abbreviat	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	- <u>- 日</u>	
Enter new mailing address, if applicable:	1	
(Mailing address MAY BE A POST OFFICE BOX)		
	, <u> </u>	
	<del></del>	
Name of New Registered Agent:  New Registered Office Address:	office address on our records, enter the name of the n nere:	
	' Enter Florida street address	
	, Florida City Zip Code	
	*	
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	
the provisions of all statutes relative to the proper and com	gree to act in this capacity. I further agree to comply with mplete performance of my duties, and I am familiar with ar	

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WILLIAM A. MATTHEW	2114 PARIL CRESCENT DRIVE	🔀 Add
		LAND O LAKES, FLDRIDA 3463	¶ Remove
			Remove
	****		Add
			Remove
			Ādd
			Remove
			Add
			Remove
			Add
			Remove

Ifan	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ted	Nov 29 , 2013.
	Low & the
	Signature of a member or authorized representative of a member
	JANET L. MATTIFEW  Typed or printed name of signee
	. Typed of printed fiame of signee

Page 3 of 3

Filing Fee: \$25.00