

L13000136920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

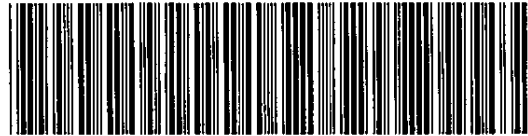
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800274067378

06/19/15--01011--001 **25.00

FILED
2015 JUN 19 PM 12 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 22 2015

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M.A.T HOME SERVICES 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:

NANCY VILLAMIL
Name of Person
AJ AFFORDABLE SERVICES
Firm/Company
PO BOX 450531
Address
KISSIMMEE, FLORIDA 34745
City/State and Zip Code
AJAFFORDABLESERVICES@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NANCY VILLAMIL 407 749-6771
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

M.A.T. HOME SERVICES 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 09/27/2013 and assigned
Florida document number L13000136920.

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)

3098 STILLWATER DRIVE

KISSIMMEE, FLORIDA 34743

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3098 STILLWATER DRIVE

KISSIMMEE, FLORIDA 34743

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:

MARCELO GARRIDO

New Registered Office Address:

3098 STILLWATER DRIVE

Enter Florida street address

KISSIMMEE

Florida 34743

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	MARCELO GARRIDO	3098 STILLWATER DRIVE	<input type="checkbox"/> Add
		KISSIMMEE, FLORIDA 34743	<input type="checkbox"/> Remove
			<input checked="" 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

2015 JUN 19 PM 12:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2015 JUN 19 PM 12 39
SECRETARY OF STATE
TALLAHASSEE, FL 32301

SECRETARY OF STATE
WILAHASSE: FID-103
2015 JUN 19 PM 12 39

77

04/30/2015

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.

Dated JUNE 15, 2015 [Signature]

Signature of a member or authorized representative of the contractor

MARCELO G. [Signature]

Typed or printed name of signee