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COVER LETTER

TO: Registration Section Division of Corporati	ons				
SUBJECT: Mats	Ko LLC Name of Limit	ed Liability Company			
The enclosed Articles of Amend	dment and fee(s) are subm	nitted for filing.			
Please return all correspondence	e concerning this matter to	o the following:			
	Mat. 242 (Debary	Name of Person SKo LLC Firm/Company Slomba Rd Address FL 32713 City/State and Zip Code			
	E-mail address: (to	Matsko LLC@ a be used for future annual report now	mail.com		
For further information concern	ning this matter, please cal	-	,		ن اد د - د -
Name of Perso	ts Ko	at (<u>407</u>) <u>690 -</u> Area Code Daytime	8476 Telephone Number		4 j
Enclosed is a check for the follo	owing amount:				
■ \$25.00 Filing Fee □ 5	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	le of Status &	

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

Mats	iko Ll	_C				
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Lia Florida document number <u>L 13 00 0 13</u>		were filed on	Feb 8,201	<u>4</u> ar	nd assig	ned
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of the new name must be distinguishable and end with the well- Enter new principal offices address, if applical	ords "Limited Liab	tardware	L Compani		_C tion "L.L	.C."
(Principal office address MUST BE A STREET	ADDRESS)	Deban	FL 32	713		
Enter new mailing address, if applicable:					P.2	, m-1
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>				(i)	* * * * * * * * * * * * * * * * * * * *
B. If amending the registered agent and/or registered agent and/or the new registered offi			n our records, <u>ent</u> e	er the n	ame of	the new
Name of New Registered Agent:	David	y Mats	Y10			
New Registered Office Address:	242 6	ionby R Enter Flo	d- Detay	17	32	713
		eberg	, Florida	32° Zip	713 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title <u>Name</u> **Address Type of Action** AMBR David Matsko Add _□ Remove □ Add ☐ Remove □ Add ☐ Remove --_□ Add Remove _□ Add ☐ Remove □ Add ☐ Remove

Effective date, if other th	nan the date of filing: (optional) ific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
The effective date must be speci the date this document is filed by	by the Florida Department of State)
(The effective date must be speci the date this document is filed by Dated <u>Febucry</u>	by the Florida Department of State) 28, 2014.
the date this document is filed b	by the Florida Department of State) 28, 2014.

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Filing Fee: \$25.00



February 12, 2014

DAVID MATSKO 242 COLOMBA ROAD DEBARY, FL 32713

SUBJECT: MATSKO LLC Ref. Number: L13000137048

We have received your document for MATSKO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 714A00003257

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