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| Certified Copies | Certificates | of Status |
| Special Instructions to I | Filing Officer: | |
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| Division of Corpora | itions | |
|---------------------------------|--|-----|
| SUBJECT: Ma+s Ko | Door Trim And Hardware Company LLC Name of Limited Liability Company | |
| The enclosed Articles of Ame | endment and fee(s) are submitted for filing. | |
| Please return all corresponden | nce concerning this matter to the following: | |
| | David Matsko Name of Person | |
| - | Matsko Door Trim ALD Hardware Company | ιlc |
| - | 3836 Chuluota Rd | |
| - | City/State and Zip Code Matsko LLC @ gmail.com E-mail address: (to be used for future annual report notification) | |
| _ | Matsko LLC @ gnail.com | |
| For further information concer | rning this matter, please call: | |
| David Mat | | |
| Enclosed is a check for the fol | llowing amount: | |
| ☼ \$25.00 Filing Fee □ | 1 \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee? Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | |

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| Matsko Door Trim An (Name of the Limited Liability Compa (A Florida Limited I | nd Hardware Company LLC nv as it now appears on our records.) Liability Company) |
|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L13000137648</u> | were filed on $09/27/2013$ 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 Liabil | ity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 3836 Chulmota Rd. |
| Principal office address MUST BE A STREET ADDRESS) | Orlando, FL 32820 |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | 3836 Chulusta Rd. Orlando, FL 32820 |
| 3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | AS DIS |
| Name of New Registered Agent: | DEC IN |
| New Registered Office Address: | |
| | Enter Florida street address |
| . , | 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 ea | ch person | being added |
|--|--------------------------|---------------------------|-----------|-------------|
| or removed from our records: | | | | |
| • | | | | |

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| ective date, if oth | er than the da | ite of filing: | Dec 1 | 0 201 | 5 | (option | al) | |
| effective date is liste e: If the date inser | d, the date must be | specific and car | mot be prior to | late of himg o | r more than 90 | days after fil | ing.) Pursi | uant to 605.0 |
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Typed or printed name of signee

Filing Fee: \$25.00