

Division of Corporations

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L13000141364

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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MATOUK TRUST, LLC

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5/15/2015 10:08:32 AM PAGE 1/001 Fax Server



May 15, 2015

FLORIDA DEPARTMENT OF STATE
Division of CorporationsMATOUK TRUST, LLC
C/O CUMMINGS & LOCKWOOD LLC
8000 HEALTH CENTER BLVD., SUITE 300
BONITA SPRINGS, FL 34135SUBJECT: MATOUK TRUST, LLC
REF: L13000141364

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

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Jenna D Harris
Regulatory Specialist IIFAX Aud. #: H15000118178
Letter Number: 815A00010221

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Diazdon, Esmi (MIA - X22275)

From: Fax Center <RightFaxAdmin@hklaw.com>
Posted At: Thursday, May 14, 2015 4:16 PM
Conversation: Your fax has been successfully sent to FL - Matout Trust, LLC at 18506176383. Please click here <http://hkfax> to review.
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From: Esmi Diazdon
Account: 144162
Matter: 00001

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Result: (0/339;0/0) Successful Send
Page record: 1 - 5
Elapsed time: 02:53 on channel 1

Original fax date

H15000118178 3

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

MATOUK TRUST, 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 OCTOBER 7, 2013 and assigned Florida document number L13000141364.

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)

C/O HOLLAND & KNIGHT LLP

701 BRICKELL AVENUE, #3300
MIAMI, FLORIDA 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O HOLLAND & KNIGHT LLP

701 BRICKELL AVENUE, #3300
MIAMI, FLORIDA 33131

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:

CORPORATION SERVICE COMPANY

New Registered Office Address:

1201 HAYS STREET

Enter Florida street address

TALLAHASSEE

City

, Florida 32301

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.

Emily Gray
Asst. Vice President

Emily Gray
Signature of New Registered Agent

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SECRETARY OF STATE

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Nicholas Scott
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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