

Division of Corporations

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L15000037104

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000059710 3)))



H150000597103ABC

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15 MAR -9 AM 10:00

DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TRIGO AND COMPANY
Account Number : I20130000070
Phone : (305) 443-4280
Fax Number : (305) 446-6175

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

Email Address: albert@trigotax.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MATTMIA INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAR -9 AM 11:31

FILED

MAR 10 2015
14:11

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

H150000597103

MATTMIA INVESTMENTS 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 2-27-2015 and assigned Florida document number L15000037104.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9221 SW 13TH STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33174

Enter new mailing address, if applicable:

9221 SW 13TH STREET

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33174

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: _____

New Registered Office Address: _____

Enter Florida street address

City

Florida

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

H150000597103

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ROCHE, FAUSTINO	9221 SW 13TH STREET	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		MIAMI, FL 33174	
MGR	ROCHE, FAUSTINO	10900 NW 25TH STREET	<input type="checkbox"/> Add
		STE 102	<input checked="" type="checkbox"/> Remove
		DORAL, FL 33172	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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2015 MAR 9 AM 11:38
CLERK OF STATE
TALLAHASSEE FLORIDA

H150000597103
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 9

2015

Signature of a member or authorized representative of a member

FAUSTINO ROCHE

Typed or printed name of signee

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TALLAHASSEE FLORIDA

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