L150000 79296

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P MAIL MAIL
	(Business Entity Name)
	(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor			
		operty Solutions, LLC		
SUB	JECT:	Name of Limi	ited Liability Company	
The c	enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	e return all correspon	ndence concerning this matter	to the following:	
		Peggy Mathews		
			Name of Person	
		Mathews Property Solutions, LLC		
			Firm/Company	
		1520 Big Sky Way		
			Address	
		Tallahassee, Florida 32317		
			City/State and Zip Code	:
		mathewsph@aol.com	to be used for future annual report notifi	cation)
For fi	urther information c	oncerning this matter, please ca		
Shan	non Mathews		850 566-1841	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for th	ne following amount:		
= \$	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

Mathews Property Solutions, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L15000039296</u>	mpany were filed on March 3, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u> </u>	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre		
egistered agent and/or the new registered office agure	<u> </u>	
Name of New Registered Agent:		10 PM F 10 PM
New Registered Office Address:		
	Enter Florida street address	0.74 6
	, Florid	
	Cuy	esp cour

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>	Name	Address	Type of Action
MGR	Peggy Mathews	1520 Big Sky Way, Tallahassee, Flo	■ Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			□ Remove
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Fantina	date, if other than the date of filing: (options	ह्य देव क्रिकेट	1:2	 - 11
an effecti ote: If	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this days after filing requirements.	ng) Pursu	ant to 6 of be li	05,020 sted a
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m Oth day after the record is filed.	n. on th	e ear	lier (
nted	Pay 13 , 2015			
	Signature of a member or authorized representative of a member			
	Peggy Mathews			
	Typed or printed name of signee			

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Filing Fee: \$25.00