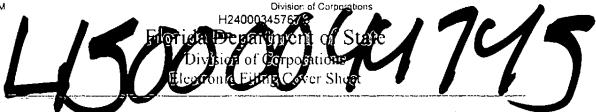
10/16/24, 9:04 AM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240003457673)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC

Account Number : I20140000084 Phone : (305)527-6617

Fax Number : (786)713-1940

 \mathbb{R}^{k} Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MATIOLO LLC

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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MATIOLO LLC	
(Name of the Limited (A	Liability Company as it now appears on our records Florida Limited Liability Company)	r)
The Articles of Organization for this Limited Liab	ility Company were filed on 03/11/2015	and assigned
Florida document number L15000044745		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	is "Limited Linbility Company," the designation "LLC"	" or the abbreviation "L.L. C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
		5. F. F.
Enter new mailing address, if applicable:		-
(Malling address MAY BE A POST OFFICE BO	<u></u>	
		T
B. If amending the registered agent and/or regagent and/or the new registered office address l	istered office address on our records, <u>enter</u> h <u>ere</u> :	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	5
	, Flo	orida Zio Code
New Registered Agent's Signature, if changing Res	•	ep eva

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 heing filed to merely reflect a change in the registered office address, I have by confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
AMBR	ALVAREZ, MATIAS	1549 NE 123RD ST	
		NORTH MIAMI, FL 33161	□Remove
			□ Change
AMBR	ALVAREZ, MANUEL	1549 NE 123RD ST	■Add
		NORTH MIAMI, FL 33161	□Remove
			□Change
<u></u>			□Add
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			☐ Change
			□Add
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			☐ Change
			DAdd
			☐ Remove
			☐ Change
			🖸 Aild
			DRemove
			□ Change

H24000345767 3

Effective date, if other than the date of filing: (optional) (if me effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at document's effective date on the Department of State's records. 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 ord is filed. Dated JULY 17TH 2024 Signature of member or authorized representative of a member. MATIAS ALVAREZ		
Note: If the date inserted in this block does not meet the applicable statutory hing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 ord is filled. Dated Dated Signature of a member or authorized representative of a member.		
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