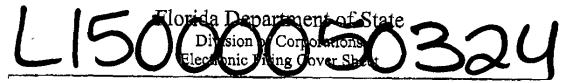
6/21/2016

Division of Corporations



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MATSKI INVESTMENT LLC

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## COVER LETTER

TQ:	Registration S Division of Co	ection rporations		
ST ID	MATSKI	INVESTMENT LLC		
SUD	JEC 1:	Name of Lim	sited Liability Company	
The e	nolosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	andence concerning this matter	to the following:	
		Sarah Gulati, Esq.		
			Name of Person	<del></del>
		Gulatí Law, P.L.		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		479 Montgomery Place		
			Address	
		Altamonte Springs, Florid	a 32714	
		emma@gulatilaw.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For fl	arther information o	concerning this matter, please ca	all:	
Sarat	n Gulati, Esq.		407 900-5054  at (	
	<b>У</b> вте с	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for t	he following amount:		
₩ S	25.00 Filing Pee	S30.00 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

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		,
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	tored office address on coress here:	tered office address on our records, enter to the term of the term

## 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>	<u>Name</u>	Address	Type of Action
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