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### COVER LETTER

PETER SULAK AND THOMAS MATL, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Peter Sulak Name of Person Firm/Company 1212 Margaret st Address Key West, FL 33040 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Peter Sulak Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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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## PETER SULAK AND THOMAS MATL, 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 Lia	ability Company wars filed on 04/21/2015	and acciemed
Florida document number L15000069503	aomy Company were fried on	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREET	T ADDRESS)	
	<del></del>	
Enter new mailing address, if applicables		
Enter new mailing address, if applicable:		
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(Mailing address MAY BE A POST OFFICE E B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered office address on our reco	
(Mailing address MAY BE A POST OFFICE E	or registered office address on our reco fice address here:  Enter Florida street add	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with to 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR Tomas Matl	Tomas Matl	1212 Margaret St., Key West FL 33040	
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff	(optional) ective date, if other than the date of filing:
the red ) The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	10·3 . 2019.
	Signature of a member or authorized representative of a member
	Peter Sulak
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00