

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (950) 617-6383

From:

Account Name : VCORP SERVICES, LLC
Account Number : 120380000067
Phone : (945) 425-0077
Fax Number : (945) 812-3589

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

Email Address: _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MATHERSON ORGANICS, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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9/27/2021 1:37:29 PM PAGE 1/001 Fax Server



September 27, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MATHERSON ORGANICS, LLC
330 CRESCENT VILLAGE CIRCLE
1259
SAN JOSE, CA 95134US

SUBJECT: MATHERSON ORGANICS, LLC
REF: L15000154522

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring
Regulatory Specialist III

FAX Aud. #: H21000359251
Letter Number: 121A00023291

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATHERSON ORGANICS, 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 09-10-2015 and assigned
Florida document number L15000154522.

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 contain the words "Limited 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 ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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TALLAHASSEE, FLORIDA

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:	<u>William McMacken</u>		
New Registered Office Address:	<u>3621 S Le Jeune Rd</u>		
	<i>Enter Florida street address</i>		
	<u>Coconut Grove</u>	<u>Florida</u>	<u>33146</u>
	<i>City</i>		<i>Zip Code</i>

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>	<u>Address</u>	<u>Type of Action</u>
MGR	William McMacken	3621 S Le Jeune Rd	<input checked="" type="checkbox"/> Add
		Coconut Grove, FL 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	CHAN, MICHAEL C	75 N. WOODWARD AVE, #85899	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32313	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated September 24 2021

[Signature]

William McMacken

Typed or printed name of signee

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00