

215000180048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

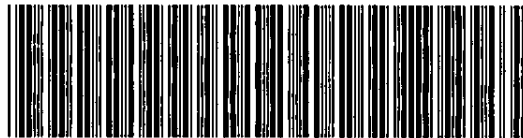
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 20 2016  
CLERK

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Matrix Capital Group LLC

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:

C. W. Swenson

Name of Person

LLcCorpUSA

Firm/Company

2637 E. Atlantic Blvd. #1095

Address

Pompano Beach, FL 33062

City/State and Zip Code

sgiventures@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. W. Swenson

713

266-0224

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 JAN 19 P 3:27

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x

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Matrix Capital Group 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 10-22-15 and assigned  
Florida document number L15000180048

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Safe Haven Financial LLC

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)

2637 E. Atlantic Blvd.

#1095

Pompano Beach Fl. 33062

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2637 E. Atlantic Blvd.

#1095

Pompano Beach, Fl. 33062

**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:

C. W. Swenson

New Registered Office Address:

2637 E. Atlantic Blvd #1095

Enter Florida street address

Pompano Beach  
City

Florida 33062

Zip Code

**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.

C. W. Swenson

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	Legacy Management Group LLC	2637 E. Atlantic Blvd.	<input type="checkbox"/> Add
		#18377	<input checked="" type="checkbox"/> Remove
		Pompano Beach, FL 33062	<input type="checkbox"/> Change
MGR	Safe Haven Management LLC	2637 E. Atlantic Blvd.	<input checked="" type="checkbox"/> Add
		#1095	<input type="checkbox"/> Remove
		Pompano Beach, FL 33062	<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 checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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Pursuant to 605.0207  
this document will not be listed as

**Filing Fee: \$25.00**