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COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	ECT: Matasha Wicole Torres, LLC Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Matasha Nicole Taipale (formerly
	Matatra Nicde Torres, UC
	55 SE 6th 5t #1908
	Miari, FL 33131 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
<u> </u>	Name of Person at (305) 58 2 - 88 9 7 Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$2	5.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) \$\Bigcup \$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

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1600946</u> .27	were filed on <u>5-13-16</u> : F	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil. Nata Micole Tai The new name must be distinguishable and contain the words "Limited Liabil."	001-110	ution "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	55 SE 65 St #18 Miani, FL 3313	<u>308</u> 31
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRETARY OF CO
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		name of the new
Name of New Registered Agent: New Registered Office Address: 55 5	CA NICOLE TOIDALE Enter Florida street address	
Mic		p 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.

Il 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 = N AMBR = A	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			D Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Remove
			Change
			☐ Remove
			SECRE TARY OF COR
			Remove P
			CORPOR ATIONS Change
			□ Remove
			Change

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ffective date, if other than the date of filing: 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 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date occument's effective date on the Department of State's records.	g.) Pursuant to 605.020
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.	on the earlier o
ated January 4th 2018	18 JAN 22
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	N of
Signature of a member or authorized representative of a member	CORPO

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Filing Fee: \$25.00