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(Re	questor's Name)	
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## **COVER LETTER**

Division of Co				
Mattheson	Realty LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Kristin Rosendale			
		Name of Person	<del> </del>	
	Mattheson Realty LLC			
	<del></del>	Firm/Company		5 E
	339 Madison Street			OCT CARE
		Address	· · ·	
	Hollywood, FL 33019			— — — — — — — — — — — — — — — — — — —
		City/State and Zip Code		H 4: 39
	krisitnrosendale@me.com	15.6.		(D)
For further information	e-mail address: ( concerning this matter, please ca	to be used for future annual report notificall:	ation)	
Kristin Rosendale	<i>3</i> /1	786 439-8200		
Name	of Person	at () Area Code Daytime 7	Felephone 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 Sta Certified Copy (additional copy is en	itus &
	LING ADDRESS: tration Section	STREET/COURIE Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mattheson Realty LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	)		
The Articles of Organization for this Limited Liability Company Florida document number L16000104337	were filed on 05/27/2016	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4501 Polk Street	古严密		
(Principal office address MUST BE A STREET ADDRESS)	Hollywood, FL 33021	000		
		10 mm		
	4501 Polk Street	PH		
Enter new mailing address, if applicable:	Hollywood, FL 33021	: 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
(Mailing address MAY BE A POST OFFICE BOX)	1101y wood, 1 2 33021			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:		enter the name of the n		
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	e performance of my duties, and provided for in Chapter 605, F.	I I am familiar with and S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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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			□ Add
			□ Remove
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ffective date, if other than the d	ate of filing:			(optional)	
an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the Dep	k does not meet th	he applicable sta			
e record specifies a delayed The 90th day after the reco		but not an e	ffective time, a	t 12:01 a.m. on	the earlier
September 22nd	201	16			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00