L16000138468

(Requestor's Nar	ne)
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TO:

Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

. Division of	Corporations		
	U 2, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The analoged Article	of Amondment and foo(s) are sub-	missed for filing	
The enclosed Afficies	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	INDYARA CATRAMBY	ANDION PIQUET	
		Name of Person	<u> </u>
	PIQUET LAW FIRM PA		
		Firm/Company	4
	1331 BRICKELL BAY D	RIVE, SUITE CU-2	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	INDYARA@PIQUETLAV		
		to be used for future annual report notifi	cation)
For further information	on concerning this matter, please c	all:	
INDYARA CATRA	MBY ANDION PIQUET	786 558-8054 at ()	
Nar	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fee		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	AILING ADDRESS: gistration Section	STREET/COURIE Registration Section	

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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

	MATSU 2	, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited l	ny as it now appears on o Liability Company)	ur records.)			
The Articles of Organization for this Limited L. Florida document number L16000138468	iability Company	were filed on $\frac{07/22/20}{}$	and assigned			
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company here:				
N/A						
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		1331 BRICKELL BAY DRIVE, SUITE CU-2				
(Principal office address MUST BE A STREI	at is submitted to amend the following: g name, enter the new name of the limited liability company here: st be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ncipal offices address, if applicable: 1331 BRICKELL BAY DRIVE, SUITE CU-2 MIAMI, FLORIDA 33131 C/O PIQUET LAW FIRM PA 1331 BRICKELL BAY DRIVE, SUITE CU-2 MIAMI, FLORIDA 33131 C/O PIQUET LAW FIRM PA 1331 BRICKELL BAY DRIVE, SUITE CU-2 MIAMI, FL 33131 Ing the registered agent and/or registered office address on our records, enter the name of the new and and/or the new registered office address here: Of New Registered Agent: PROFESSIONAL CORPORATE SERVICES, LLC					
						
Enter new mailing address, if applicable:		C/O PIQUET LAW FIRM PA				
(Mailing address MAY BE A POST OFFICE	BOX)	1331 BRICKELL BA	Y DRIVE, SUITE CU-2			
<u>, </u>		MIAMI, FL 33131				
			records, enter the name of the new			
Name of New Registered Agent:	PROFESSION	IAL CORPORATE SERVICES, LLC				
New Registered Office Address:	1331 BRICKELL BAY DRIVE, SUITE CU-2					
		Enter Florida str	eet address			
	MIAMI		, Florida 33131			
		City	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, Unereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 **Type of Action Title** <u>Name</u> **Address** _□ Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove _□ Change ☐ Add _□ Remove ☐ Change _□ Remove Remove

Change

Add □ Add □ Remove _□ Change

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an effecti	date, if other the date is listed, the	date must be spe	cific and cann	ot be prior to	date of filing	or more than 90	(option days after fil	ing.) Pursua	nt to 605.020
	he date inserted i 's effective date o				le statutory f	iling requiren	nents, this d	ate will not	t be listed a
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00