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DIVISION OF CORF-OF ATTOMS

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## **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: MATLMAN, 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:   |
| Krin Harris Name of Person  |
| MAILMAN, LLC Firm/Company   |
| 7161 NW 20th Street Survise, FL   |
| Sunvise, FL 33313  City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Fryin Harris  at (954) 549-8572  Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:   |
| □ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) |

Registration Section

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**

| MATLMAN, LLC.   |  |                |
|---|--|----------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on our records.)<br>Liability Company)    |                |
| The Articles of Organization for this Limited Liability Company Florida document number <u>11000143383</u>              | were filed on $08012016$ ar                                    | nd assigned    |
| This amendment is submitted to amend the following:   |  |                |
| A. If amending name, enter the new name of the limited liab   | ility company here:  |                |
| MAILMAN FREIGHT UNL The new name must be distinguishable and contain the words "Limited Liabil                          | Ity Company," the designation "LLC" or the abbreviation        | on "L.L.C."    |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)                | NIA  | 5 6 TI         |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                                   | NA   | Progression    |
|   |  | 5              |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | ffice address on our records, <u>enter the n</u><br><u>e</u> : | ame of the new |
| Name of New Registered Agent:   |  |                |
| New Registered Office Address:  | Enter Florida street address  Florida   City                   |                |
| Name Designated Agent's Signature if shanging Designated Agents   | •  |                |

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

☐ Change

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| Effective date, if other                  | r than the date of  | f filing:              |                              | (optional)  |  |
|   | ed in this block does   | s not meet the applica | able statutory filing requ   | ın 90 days after filing.) Pi<br>iirements, this date wi | ursuant to 605.0207 (<br>Il not be listed as t |
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