L16000204229

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-

Office Use Only



000355800420

03/01/21--01020--019 **55.00

COVER LETTER

TO: Registration Se Division of Con					
Matlacha C	roup LLC	,	•		
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Ruth M Chamberlin				
		Name of Person			
	Matlacha Group LLC				
		Firm/Company	···		
	10962 Legacy Gateway Circle, Unit 306 Address				
	Ft Myers, FL 33913				
		City/State and Zip Code			
	ruth.chamberlin@gmail.cor				
	E-mail address: (to be used for future annual report noti-	fication)		
For further information of	concerning this matter, please c	all:			
Ruth M Chamberlin		239 500-2897 at ()			
Name c	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he 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)		
34 W 4 4 4		G			

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Matiacha Group LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
the Articles of Organization for this Limited lorida document number L16000204229	Liability Company	were filed on Novermber 3, 2016	and assigned
his amendment is submitted to amend the fol	llowing:		
If amending name, enter the new name	of the limited liab	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liabil	lity 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)		10962 Legacy Gateway Circle, Unit 306	
		Ft Myers, FL 33913	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10962 Legacy Gateway Circle, Unit 306	
		Ft Myers, FL 33913	
3. If amending the registered agent and/or	registered office a	address on our records, enter the na	ame of the new regis
gent and/or the new registered office addr			3
Name of New Registered Agent:			2
New Registered Office Address:	10962 Legacy (Gateway Circle, Unit 306	्र ————————————————————————————————————
		Enter Florida street address	ت
	Ft Myers	, Florida :	33913
		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. I hereby confirm that the limited liability 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
AMBR	Dennis J Philbin	10962 Legacy Gateway Cir, Unit 306	□Add
		Ft Myers FL 33913	□Remove
			\BChange
AMBR	Ruth M Chamberf∳in	10962 Legacy Gateway Cir, Unit 306	🗀 Add
		Ft Myers, FL 33913	🗀 Remove
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
		-	□Change
			□Add
			□Remove
			ClCharus

_	
_	
	
_	
	· · · · · · · · · · · · · · · · · · ·
	
(If an effective Note: If	e date, if other than the date of filing:
the record :	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the I.
Dated _	7 De cember 2020 Luth M Chamber of a member of a member of a member
	Ruth M. Chamber L
	Signature of a member or authorized representative of a member Ruth W Chawletin Typed or printed name of signee