## U700115439

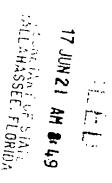
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone :	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<del>=</del>
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp			
Matterhorn C	Control LLC		
SUBJECT:	Name of Lim	nited Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Jose Tadeu C. Ferreira		
		Name of Person	
	Leaf, Ferreira, de Araujo,	I.L.C	
		Firm/Company	
	100 SE 2nd Street, Suite 2	330	
		Address	
	Miami, FL 33131		
	<u></u>	City/State and Zip Code	
	tferreira@leaflaw.com		,
For turther information cor	n-man address: (	to be used for future annual report noti- all:	ncanon)
Jose Tadeu C. Ferreira		305 373-0733	
Name of I	Person	at () Area Code Daytim	c Telephone 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 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

Matterhorn Control LLC		
( <u>Name of the Limited Lial</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1,17000115439	Company were filed on May 24, 2017	and assigned
Piorida document number	·	
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		<b>17</b>
(Mailing address MAY BE A POST OFFICE BOX)		JUN A.H.
		SS
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on our records, ddress here:	enten-the name of the nev
	······································	<b>69</b>
Name of New Registered Agent:		
New Registered Office Address:		
- · · · · · · · · · · · · · · · · · · ·	Enter Florida street address	_
	Flori	
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member Type of Action <u>Address</u> Title Name □ Add □ Remove ☐ Change  $\square$  Add ☐ Remove \_□ Change □ Add \_□ Remove TALLAHASSEE, FLOR 649 □ Add \_□ Remove \_□ Change \_□ Add

\_□ Remove

☐ Change

Previously listed as:	CLAUDIA B PAVIE	
Change to:	CLAUDIA BERRETTA PAVIE	
<del></del>		<del></del>
	<del></del>	
	<del></del>	
		<u> </u>
		7 Ju
		HASS.
		AH EE, P
ite: If the date inserted in	an the date of filing:  late must be specific and cannot be prior to date of filing or more than 90 this block does not meet the applicable statutory filing requiren the Department of State's records.	(optional)
record specifies a de The 90th day after th	elayed effective date, but not an effective time, at ne record is filed.	12:01 a.m. on the earlier
ned	June 20 . 2017	
.///	andra Benetta Passe	

Page 3 of 3

Filing Fee: \$25.00