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CHRICT.		MAT MARK	KETING CONSULTING, LLC	C		
, sobjec	·1		Name of Limi	ted Liability Company		
The enclo	osed .	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please re	turn a	ill correspon	dence concerning this matter t	to the following:		
			MIHAIL TODOROV			
				Name of Person		
				Firm/Company	.	
			2598 E SUNRISE BLVD.	SUITE 2108		
				Address	_	Tentre Tra
			FORT LAUDERDALE, FL	L. 33304		
				City/State and Zip Code		
			work@successwithmihail.co	om o be used for future annual re	eport notification)	
For furthe	er inf	ormation co	ncerning this matter, please ca		,	
MIHAIL	TOI	OOROV			-8955	
		Name of	Person	Area Code	Daytime Telephone	Number
Enclosed	is a c	check for the	following amount:			
□ \$25.0	00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	osed) (50.00 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

DocuSign Entelope ID: N642C391-D95C-4153-99A6-3B2AFE37C1A6 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MAT MARKETING CONSULTING, LLC			
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability C Florida document number L18000022091	Company were filed on January 24	and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C	<u></u>
Enter new principal offices address, if applicable:			Ξω
(Principal office address MUST BE A STREET ADDI	RESS)		ECS.
Enter new mailing address, if applicable:		B 22 PH	FILED ETARY OF HASSEE, F
(Mailing address MAY BE A POST OFFICE BOX)		7: 34	STATE
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent: New Registered Office Address:		the name of	the new
	. Florida		
		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

Docusign Envelope ID: A642C391-D95C-4153-99A6-3B2AFE37C1A6
II amenuing Authorized rerson(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
MGR	MIHAIL TODOROV	2598 E SUNRISE BLVD.	= Add
•		SUITE 2108	
		Fort Lauderadale FL. 33304	Change.
			Add
			□ Remove
			Change
			Add
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an effective of the	e, if other than the date of filing: te is listed, the date must be specific and ca ate inserted in this block does not med fective date on the Department of Sta	annot be prior to date of et the applicable stat	f filing or more than 90 days att	tional) ter filing.) Pursuant to 605. his date will not be listed	0207 d as
e record s	pecifies a delayed effective dated		fective time, at 12:01	a.m. on the earlie	ro
ated	2/15/2018				
		Miliail Us	una todorou		
		1	***Centative of a member		

Page 3 of 3

Filing Fee: \$25.00