

L18000053775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

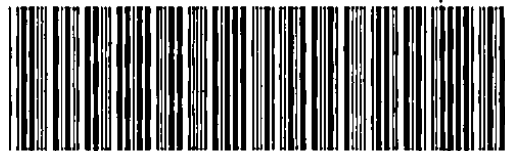
(Business Entity Name)

(Document Number)

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09/23/19--01012--023 \*\*

2019 SEP 23 PM 6:32

C. COLETTI

OCT - 6 2019

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

*Matago, 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:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

*Rochelle Spence*  
Name of Person

at (*561*)  
Area Code

*671-9996*  
Daytime 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

TO  
ARTICLES OF ORGANIZATION  
OF

MATAGO, LLC

2019 SEP 23

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/28/18 at  
Florida document number L180000053775.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

319 Clematis Street  
Ste. 812  
West Palm Beach, FL 3

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

319 Clematis Street  
Ste. 812  
West Palm Beach, FL 3

**B. If amending the registered agent and/or registered office address on our records, enter the name of the  
registered agent and/or the new registered office address here:**

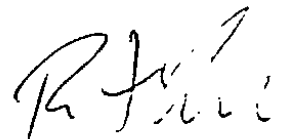
Name of New Registered Agent:

New Registered Office Address:

Ryan McCarty, Esq.  
319 Clematis Street Ste. 812  
Enter Florida street address  
West Palm Beach, Florida 334  
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**

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>T</u>
<u>AR</u>	<u>Rochelle Spence</u>	<u>319 Clematis Street</u>	<input type="checkbox"/>
		<u>Ste 408</u>	<input type="checkbox"/>
		<u>West Palm Beach, FL 33411</u>	<input type="checkbox"/>
<u>AMBR</u>	<u>Christopher Merrill</u>	<u>319 Clematis Street</u>	<input type="checkbox"/>
		<u>Ste. 812</u>	<input type="checkbox"/>
		<u>West Palm Beach, FL 33411</u>	<input type="checkbox"/>
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			<input type="checkbox"/> Re
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			<input type="checkbox"/> Cha
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remc
			<input type="checkbox"/> Chan

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the day (b) The 90th day after the record is filed.

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

*Christopher Merrell*

Typed or printed name of signee