## L18000071887

(Re	equestor's Name)	
(Ad	Idress)	
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(Cit	ty/State/Zip/Phone #	<del>(</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	a)
(Do	ocument Number)	•
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF SIGNED,

## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
Matthew J.			•
SUBJECT:		ited 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:	
	Matthew Pratt		
		Name of Person	
	Matthew J Pratt LLC		
		Name of Person  Firm/Company  Address  City/State and Zip Code  be used for future annual report notification)  :  at (\frac{813}{\text{Area Code}} \frac{4697271}{\text{Daytime Telephone Number}}  \Begin{array}{cccccccccccccccccccccccccccccccccccc	
	28997 Revaro lane		
		Address	
	Wesley Chapel Fl. 33543		
		City/State and Zip Code	<del></del>
	Mattpratts@gmail.com		
For further information c	n-mail address: (	·	iffication)
Matthew			
Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration !			ection
Division of Corporations		Division of Co	orporations
P.O. Box 632 Tallahassee, 1		The Centre of	
i ananassee, .	11. 32314	2413 N. MOND	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) Hity Company)
The Articles of Organization for this Limited Liability Company we	
Florida document number L18000071887	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	v company here:
MATT PRATT LLC	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- TO 200 - TO 200 - TO 200
(Principal office address MUST BE A STREET ADDRESS)	<b>≯</b> ∺ <b>3</b>
_	227 - 17
	77.6
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address here:	\
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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, 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
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			□Remove
			□Change
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ective date, if other than th	e date of filing	5-6-20 g:			_ (optional	)		
effective date is listed, the date m te: If the date inserted in this l	ust be specific and	cannot be prior	o date of filing o	or more than 90 d	ays after filing	g.) Pursuar	it to 60:	5.020
ument's effective date on the			ible statutory i	mng requireme	mis, unis date	z wiii not	oe usi	ica a
cord specifies a delayed effect	ive date, but not	an effective tii	ne, at 12:01 a.	m. on the earli	er of: (b) T	he 90th d	ay afte	er the
s filed.								
April 6		2020						
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<del></del>	Signature of a r	member or author	rized representa	tive of a membe	· · · · · · · · · · · · · · · · · · ·	_		