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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Matthew B Anderso LLC "Namechange" to Name of Limited Liability Company Military Ve tera of transport L
Military Vetera
transport 1
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Motthew 6. Anderson Name of Person
Firm/Company
166 Conquest Avenue
Crasturan FL. 32536. City/State and Zip Code
ton catnech 12 yahao. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Matthews B Anda Sout (423 994-378)  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
<b>*</b>
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

Motthew B Anderson LLC
(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 12 September 2018 and assigned Florida document number 18000717 643  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 "LLC."
Enter new principal offices address, if applicable: 166 Concrete Avenue
(Principal office address MUST BE A STREET ADDRESS) Crestular FL. 37536
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  (Solution of the content
B. If amending the registered agent and/or registered office address on our records, enterethe name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City Zıp Code

## New Registered Agent's Signature, if changing Registered Agent:

.:4.

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 = <sup>4</sup>Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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<sup>4</sup> If the date inserted in th	is block does not meet the applicable statutory t	filing requirements, this date will not be list
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$\mathcal{M}$	Signature of a member or authorized represent	

Page 3 of 3

Filing Fee: \$25.00