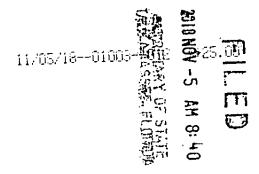
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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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| | MATRIX R | EMODELLING LLC | | | | |
| SUEECT: | | Name of Limi | ited Liability Company | | | |
| The enclosed | l Articles of | Amendment and fee(s) are sub | mitted for filing | | | |
| FRease return | all correspo | ndence concerningthis matter | to the following: | | | |
| | | SALEH MANGO | | | | |
| | | MATRIX REMODELLING L | Name of F€rson LC | | | |
| | | 7411 SORIEE WAY | Firm/Company | | | |
| | | REUNION, FL 34747 | Address | | 79 | |
| | | baig@hwcpafl.com | City/State and Ap Code | | 2018 NOV -5 | 77 |
| | | E-mail address: () | to be used for future annual report notific | ration) | 1107 | |
| For further in | nformation co | oncernin <u>e</u> this matter, please ca | all: | | AM 8: | |
| SALEH O. | MANGO | | 708 904-1359 at() | | 5 | |
| | Name o | f Person | | Telephone Number | - \$2 | |
| Enclosed is a | a check:for th | ne following_amount | | | | |
| \$25.00 F | filin <u>e</u> fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing_Fee & Certified Copy (additional copy is enclosed) | Certified (| e of Status & | |

NAULINCADDRESS: Registration Section Division of Corporations FO. Box 6327

TO:

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

| ny as it now appears on ou liability Company) | r records.) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| were filed on 10-23-20 | and assigned |
| | |
| If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" er new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) irr new mailing address, if applicable: ulting address MAY BE A POST OFFICE BOX.) If amending the registered agent and/or registered office address on our records, enter the name of the new istered agent and/or the new registered office address here: Name of New Registered Agent New Registered Office Address: Exter Florida street address | |
| lity Company," the designati | on "LLC" or the abbreviation "L.L.C." |
| 4650 TRIBUTE TRA | L |
| KISSIMMEE, FL 347 | |
| | NOV -5 AM 8 |
| | records, enter the name of the new |
| | ··· |
| Enter Florida stre | et address |
| | . Flòrida |
| City | ZipCode |
| | ility company here: ity Company," the designati 4650 TRIBUTE TRAI KISSIMMEE, FL 347 |

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 firther 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 fled to merely refect a change in the registered offce 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 Ferson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

NCIR = Natiager

| ANER = | Authorized Nethber | | |
|--------------|--------------------|----------------|------------------|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| amending any other information, enter change(s) here: (Attach addit CHANGE OF ADDRESS | | |
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| ffective date, if other than the date of filing: | (optional) | |
| 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.) Fitrsuant to 6 | 05.0207 (|
| iote: If the date inserted in this blockdoes not meet the applicable statutory fillocument's effective date on the Department of State's records. | ingrequirements, this date will not be in | sied as i |
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| and a second afficient and afficient and a second afficient and a se | - Nima 12.01 | عميدا |
| e record specifies a delayed effective date, but not an effective The 90th day after the record is filed. | e time, at 12:01 a.m. on the ear | iier or: |
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Typed or printed name of signee

Filing Fee: \$25.00