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COVER LETTER

TO:		tration Section of Corp						
ennu	MATT Land Investments, LLC							
SUBJE	Name of Limited Liability Company							
The enc	closed A	Articles of A	mendment and fee(s) are sub	omitted for tiling.				
Please r	eturn a	II correspond	lence concerning this matter	to the following:				
			Eric P. Frantzen					
			P Stripe, LLC	Name of Person		-		
	Firm/Company 3110 S. Dale Mabry Hwy Address Tampa, FL 33629					-		
						-		
			eric@tb-homes.com	City/State and Zip Code		-		
For furt	her inf	ormation con	E-mail address: (cerning this matter, please c	(to be used for future annual report notification)			9018 DEC 26	
Eric P.	Frantzo			813 270-9815			O,	1 2 4
Englace	od is a c	Name of P	erson following amount:	Area Code Daytime Telephoi	ne Number		PH 4: 31	1 -7
\$25			□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ . Certified Copy (additional copy is enclosed)	Certified	ite of Stati		

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

MATT Land Investments, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12-14-2018	and assigned
Florida document number L18000286897		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
	. / .	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our records, ent	esthe n ai ne of tho
egistered agent and/or the new registered office address here		
		STATE OF STATE OF
Name of New Registered Agent:	NA	28
New Registered Office Address:	N/A	
	Fliter Florida street address	0 5 5 5
	, Florida	<u> </u>
•	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>	<u>Address</u>	Type of Action
	P Stripe, LLC	3110 S. Dale Mabry Hwy	
MGR			
	 -	Tampa, FL 33629	
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	12-12-20	18			<u>ω</u>
Effective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Deparation.	specific and cannot be produced does not meet the app	licable statutory filin	nore than 90 days after	filing.) Pursuant	
e record specifies a delayed e The 90th day after the record		not an effective	time, at 12:01 a	.m. on the	earlier of
December 21 Dated	2018	in			
		<i>V</i>			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00