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R. WHITE.
JUL 09 2019

COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	CCT:	MATT J Name of Limi	MEYERS, LLC. ted Liability Company	· · · · · ·
The end	closed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please	return all correspond	dence concerning this matter t	to the following:	
		Ma	H Meyers Name of Person	
			Firm/Company	
		231 Joh	nnycake Dr. JAddress	
		Nap	City/State and Zip Code	
		matthewneyers 1.	145 Quahoo. com o be used for liture annual report nout	ication)
For fun	ther information cor	ncerning this matter, please ca	II:	
<u>ر</u>	Matt Meye Name of I	NS Person	at (<u>239</u>) <u>877</u> - Area Code Daytime	4988 Telephone Number
Enclose	ed is a check for the	following amount:		
,	5.00 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)
		IG ADDRESS: ion Section	STREET/COURING Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Matt M	eners iic.	2019 JUL 28 AH 11: 02
(Name of the Limited Liabili (A Florida	eyers , L.C. ty Company as it now appears on ou Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability C	Company were filed on _2/9/	and assigned
Florida document number <u>L1800</u> 60 37370	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Matthew D. The new name must be distinguishable and contain the words "Lim	Mayers, LLC. ited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDR	CESS)	
		
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our ress here:	records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	,	Florida Zip Code
	City	74р Соче

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

	
-	
	
 	
·	
<u> </u>	
(If an effective date Note: If the date	if other than the date of filing:
he record spe The 90th da	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ay after the record is filed.
Dated Jun	2019. Signature of a member or authorized representative of a member
	Matthew D. Meyers Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00