

L190000 77436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

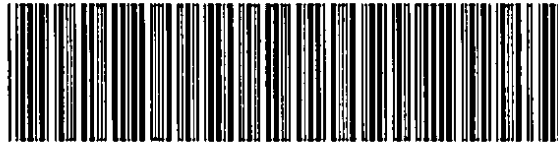
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FILED  
2019 APR -4 PM 6:30  
MILWAUKEE, WI

C. GOLDEN

APR 12 2019

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MATCO DISTRIBUTORS, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carol Mango

\_\_\_\_\_  
Name of Person

MIG Holdings, LLC

\_\_\_\_\_  
Firm/Company

2430 Vanderbilt Beach Road-Suite 108-333

\_\_\_\_\_  
Address

Naples, Florida 34109

\_\_\_\_\_  
City/State and Zip Code

cory.mango@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cory Mango

239 7771302  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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)

**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



**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>	<u>Type of Action</u>
MGR	Matthew Versteeg	2430 Vanderbilt Beach Road	<input type="checkbox"/> Add
		Suite 108-333 Naples, Florida 34109	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cyle Patnode	2430 Vanderbilt Beach Road	<input checked="" type="checkbox"/> Add
		Suite 108-333 Naples, Florida 34109	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

4/1/2019

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If 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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

) The 90th day after the record is filed.

Dated April 1, 2019

Handwritten signature of Carol Mango

Signature of a member or authorized representative of a member

Carol Mango

Typed or printed name of signee