1190000083257

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2021 NOV 22 AM II: 36

COVER LETTER

то:		ration Sec on of Corp			•		
a		atti LLC			•		
SUBJEC	CI:	Name of Limited Liability Company					
The encl	losed A	rticles of A	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all	correspon	dence concerning this matter	to the following:			
			Matthew Burke				
				Name of Person			
				Firm/Company			
			500 Brickell Ave, Unit 200	2			
				Address			
			Miami, FL 33131				
				City/State and Zip Code			
			matthew.ed.burke@gmail.co	om to be used for future annual report notifi	eation)		
For furth	her info	rmation co	ncerning this matter, please of		•		
Matthew	v Burke			561 5688216			
		Name of	Person	at () Area Code Daytime	Telephone Number		
Enclosed	d is a ch	neck for the	e following amount:				
□ \$2 5.	.00 Filin	ng Fec	□ \$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)		
		g Address		Street Address:			
		tration Se ion of Co	ection orporations	Registration Sec Division of Corp			
		30x 6327	-	The Centre of Ta			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Matti LLC	•			
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L19000083257 This amendment is submitted to amend the following:	were filed on March 26, 2019	and assigned		
A. If amending name, enter the new name of the limited liab	vility company here:			
Allies Everywhere LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	eviation "L.L.C."		
Enter new principal offices address, if applicable:	500 Brickell Ave			
(Principal office address MUST BE A STREET ADDRESS)	(ESS) Unit 2002			
	Miami, FL 33131	-		
Enter new mailing address, if applicable:	500 Brickell Ave			
(Mailing address MAY BE A POST OFFICE BOX)	Unit 2002			
www.co.mii bb ii obi oi i iob bois	Miami, FL 33131			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter the name</u>	of the new registered		
New Registeral Office Address.	Enter Florida street address			
	, Florida	Zip Code 7 3		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:		Fr:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, ij	miliar with and this document is		
If Char	nging Registered Agent, Signature of New Regis	stered 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>	Name	<u>Address</u>	Type of Action
			□ Remove
			☐ Change
	18		□Add
			□ Remove
			☐ Change
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed.		•					
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Signature of a member or authorized representative of a member	Dated		2021				
		Signature of	ntt fa member or aut	O O O	ative of a member		
		Signature 0		more etge bereitt			

Filing Fee: \$25.00