

L19000106853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

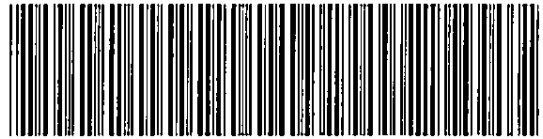
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/05/24--01013--002 **25.00

2024 DEC 5 6:11:23

JAN 17

S. PRATHER

December 2, 2024

To FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION

REFERENCE: TO UPDATE THE COMPLETE NAME SALVADOR ESCUTIA GUERRERO AND MADE DE
CHANGE AS "MEMBER"

PLEASE YOUR ASSISTANCE

BEST REGARDS,

MARIA F GALEANO

305-282-3623

NATURALTOUCHBYSAL@YAHOO.COM

18101 SW 98TH CT MIAMI FL 33157

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MATTJAZZ 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:

Maria F Galeano

Name of Person

MATTJAZZ LLC

Firm/Company

18305 SW 206th Street

Address

Miami, Florida 33187

City/State and Zip Code

naturaltouchbysal@yahoo.com

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

For further information concerning this matter, please call:

Maria F Galeano

305 282-3623
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MATTJAZZ LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/18/2019 and assigned
Florida document number L19000106853.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
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

4f 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>
AMBR	Salvador Escutia Guerrero	18305 SW 206 Street	<input checked="" type="checkbox"/> Add
		Miami, Florida 33187-3319	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Maria F. Galeano	18305 SW 206 Street	<input type="checkbox"/> Add
		Miami, Florida 33187-3319	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	Salvador Escutia		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(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)

If the 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

2024 Dec 4 33

Filing Fee: \$25.00