

10/8/21 1:15 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

Account Name : TUCONTADORENMIAMI.COM LLC  
Account Number : I20200000152  
Phone : (561)341-1582  
Fax Number : (561)264-6286

2021 OCT -8 PM 3:09

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MATI TALENT INSTITUTE PRIVATE SCHOOL LLC

Certificate of Status	0
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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

2021 OCT -8 PM 12:57

FILED

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MATI TALENT INSTITUTE PRIVATE SCHOOL 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:

Pablo E Goyenechea

Name of Person

GOYENECHEA PROFESSIONAL SERVICES LLC

Firm/Company

3175 S CONGRESS AVE, SUITE 305-B

Address

PALM SPRINGS, FLORIDA 33461

City/State and Zip Code

admin@gpsecontador.com

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

For further information concerning this matter, please call:

Pablo E Goyenechea

561

341-1582

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

MATI TALENT INSTITUTE PRIVATE SCHOOL 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 05/10/2019 and assigned  
Florida document number L19000127921.

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:

221 W HALLANDALE BEACH BLVD, SUITE 211

(Principal office address **MUST BE A STREET ADDRESS**)

HALLANDALE BEACH, FL 33009 US

Enter new mailing address, if applicable:

221 W HALLANDALE BEACH BLVD, SUITE 211

(Mailing address **MAY BE A POST OFFICE BOX**)

HALLANDALE BEACH, FL 33009 US

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:

GOYENECHEA PROFESSIONAL SERVICES, LLC

New Registered Office Address:

3175 S CONGRESS AVE, SUITE 305-B

Enter Florida street address

PALM SPRINGS

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.

Pablo Goyenechea

If Changing Registered Agent, Signature of New Registered Agent

2021 OCT - 8 PM 12:54  
FILED  
CLERK OF COURT  
JANICE L. LOMAX  
33461

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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