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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

AUG 05 2020

**TO: Registration Section
Division of Corporations**

SUBJECT: Attis Marketing 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:

Robert Wilson
Name of Person
Matteo Marketing, LLC
Firm/Company
160 Hunter Blvd, Suite A2
Address
Cape Coral, FL 33909
City/State and Zip Code
bobwilson@caldaiaccontrols.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Wilson at 239 203-4391
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

10
**ARTICLES OF ORGANIZATION
OF**

Attis Marketing, 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 10/11/2019 and assigned
Florida document number W19000094763.

This amendment is submitted to amend the following:

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

Matteo Marketing, LLC

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

Enter new principal offices address, if applicable:

160 Hunter Blvd, Suite A2

(Principal office address MUST BE A STREET ADDRESS)

Cape Coral, FL 33909

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 agent and/or the new registered office address here:

Name of New Registered Agent:

Robert Wilson

New Registered Office Address:

4318 SW 19th Ave

Enter Florida street address

Cape Coral

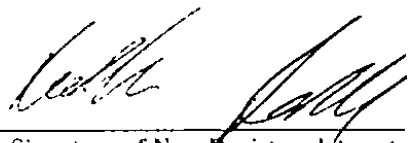
City

Florida 33914

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of</u> |
|--------------|-------------|----------------|-------------------------------|
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2020 JUN 29 AM 11:23
SECRETARY'S OFFICE
STATE OF TEXAS

2020 JUN 29 AM 11:23
CLERK OF STATE
TALLAHASSEE, FL

2020 JUN 29 AM 11:23
STATE OF FLA
TALLAHASSEE FL

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.

Dated June 26th, 2020

[Handwritten signature]

Robert Wilson

Typed or printed name of signee

Filing Fee: \$25.00