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(Re	equestor's Name)	
(Ad	idress)	
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COVER LETTER

TO: Registration S Division of Co			
	nited Group LLC		
	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter		
	Eliu Matta		
		Name of Person	
	Eliu Matta		
		Firm/Company	
	755 NW Leonardo Circle		
		Address	
	Port Saint Lucie, Florida 3	4986	
	ematta813@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Eliu Matta		347 374-0826	
Name (of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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

EMVM United Group LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our rec ited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 1/26/2020	and assigned
lorida document number L20000027401		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
Eliu Matta LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company." the designation "I	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	<u> </u>
		т П
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		5 6
 If amending the registered agent and/or registered off gent and/or the new registered office address here: 	fice address on our records, <u>en</u> t	ter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	lress
		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 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>	Address	Type of Action
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			Remove
			□Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more the lote: If the date inserted in this block does not meet the applicable statutory filing required.	(optional) nan 90 days after filing.) Pur	Suant to 605.	i.0; ed
ocument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the filed.	e earlier of: (b) The 90	th day after	r the
February 14th 2020			
ated retrially 14th			

Filing Fee: \$25.00