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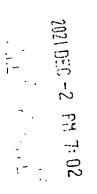
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Southern No. 1135.)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

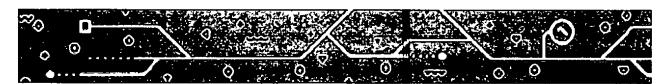


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TO BRUCE DEC 1.1 2021



## zenbusiness

Nov 30, 2021

Florida Secretary of State Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

RE: MATOSA investments LLC

To Whom It May Concern:

Attached please find the executed <u>CERTIFICATE OF AMENDMENT</u>. for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc Attention: Kelly Castro 5511 Parkerest Dr., Suite 103 Austin Tx 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at fulfillment@zenbusiness.com.

Thank you,

Kelly Castro ZenBusiness Customer Success

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATOSA investments LLC			
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)		
The Articles of Organization for this Limited Liability Compa	my were filed on 02/18/2020	and assigned	
Florida document number 1.20000055020			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" of	r 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)		202 DED -2	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new registere	
Name of New Registered Agent:	<del></del>		
New Registered Office Address:	Enter Florida street address		
	, Flori	i <b>da</b> Zıp 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
AMBR	Samir Faris	2873 Bellwind circle	□Add
		Rockledge, FL 32955	≣Remove
			□Change
AMBR	Mario Faris	2873 Bellwind circle	🗀 Add
		ROCKLEDGE, FL 32955	■Remove
			□Change
			□Add
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E. Effective date, if other than the d	ate of filing:	(optional)	
(If an effective date is listed, the date must language). If the date inserted in this block document's effective date on the Dep	late of filing:	r more than 90 days after filing.) Pursuant,to lling requirements, this date will not be	o 605.0207 (3)(b) e listed as the
f the record specifies a delayed effective record is filed.	date, but not an effective time, at 12:01 a.i	n. on the earlier of: (b) The 90th day	after the
Dated November 30	2021		
	ignature of a member or authorized representat		_
	ignature of a member or authorized represental	tive of a member	
Tony Faris	Turned or printed name of signer		

Filing Fee: \$25.00