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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

	Registration Se Division of Cor			
CUBIC		MATAMOROS LLC		•
SUBJEC	. I :	Name of Lim	ited Liability Company	<del></del>
The encle	osed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		CARMEN MATAMORO	S	
			Name of Person	
			Firm/Company	
		1841 SW CALIFORNIA I	BLVD	
			Address	
		PORT ST LUCIE FLORII	DA 34953	
			City/State and Zip Code	
		CMATAMOROS92@HOT		
		E-mail address: (	to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please co	all:	
CARMEN MATAMOROS		os	772 361-4088	
Name of Person		Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	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

CARMEN MATAMOROS LLC				
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ited Liability Company)	)	•—	
The Articles of Organization for this Limited Liability Comp.	pany were filed on 08/07/2020		and as	signed
his amendment is submitted to amend the following:				
•				
A. If amending name, enter the new name of the limited	liability company here:			
MATCE SERVICES & SALES LLC				
he new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC"	or the abbrev	iation "L	.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS	3)	-	207	
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nter new mailing address, if applicable:		<del></del>		(7)
Mailing address MAY BE A POST OFFICE BOX)		1 · 1	<u> </u>	<u> </u>
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If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our records, <u>enter t</u> l	he name of	the ne	w regis
Name of New Registered Agent:				
New Registered Office Address:	F D			
	Enter Florida street address			
	, Flor			
	City	2.	ip 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>	Name	Address	Type of Action
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		Signature of	a member or au	itherized repi	Attus resentative of a	member 2	<del>-</del>	