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COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of C	i Section Corporations		
MATT!	MCCARȚHY BROKERAGE LI	.C	
SOBJECT.	Name of Lir	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corre	spondence concerning this matte	r to the following:	
	Matthew McCarthy		
		Name of Person	
	Matthew Fowler McCarth	y LLC	
	Address Ponte Vedra Beach, Fl. 32082 City/State and Zip Code matthew.mccarthy@colliers.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: 4 904		
	125 Bermuda Court		
		Address	
	Ponte Vedra Beach, FL 32	2082	
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For further information		•	neation)
Matthew McCarthy	,,,,,,,,		
<u> </u>	o of Person	at () _	T.
Nativ	. Of I Classifi	Area Cone Dayum	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addr Registration Division of P.O. Box 63	Section Corporations		porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATT MCCARTHY BROKERAGE 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 January 12, 2021 _____ and assigned Florida document number L21000027988 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MATTHEW FOWLER MCCARTHY LLC 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: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
			□Add
			□Remove
			□Change
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ective date, if other than the done effective date is listed, the date must be te: If the date inserted in this block-cument's effective date on the Department.	e specific and cannot be prior k does not meet the applica	able statutory filing red		
cord specifies a delayed effective s filed.	date, but not an effective ti	me, at 12:01 a.m. on th	ne earlier of: (b) The 90	oth day after the
ed March 31	2021	·		
	_			
	Matthew McC gnature of a member or autho	arthy		

Filing Fee: \$25.00