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COVER LETTER

TO:

Registration Section Division of Corporations

MACHONOI SUBJECT:	N & MATEY STAFFING SO	DLUTION LLC		
NOBSECT:		ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	HANS MURAT JEANTY			
		Name of Person		
	MACHONON & MATEY	STAFFING SOLUTION LLC		
		Firm/Company	 	
	7981 S FRENCH DR APT	205		
		Address		
	PEMBROKE PINES, FL	33024		
		City/State and Zip Code		
	THFINANCIALI@GMAIL	L.COM		
	E-mail address: (to be used for future annual report not	ification)	
For further information cor	seerning this matter, please ca	all:		
HANS MURAT JEANTY		954 6874269 at ()		
Name of I	Person	Area Code Daytim	ne Telephone Number	
Enclosed is a check for the	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:		Street Address:		
Registration Section Division of Corporations		_	Registration Section Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACHONON & MATEY STAFFING SOLUTION, 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 $\frac{3/21/2021}{1}$ ____ and assigned Florida document number L21000133537 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MACHONON & MATEY STAFFING SOLUTION 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 . Florida_

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.

City

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	RICARDI MARCONEL LAPAIX	1618 KENTON STREET, SPRINGFIELD, OH 4550	5 ≡∧dd
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	oust be specific and cannot be prior to date of filing or more than 90 days after block does not meet the applicable statutory filing requirements, the	
he record specifies a delayed effect ord is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated APRIL 3RD	2021	
	Him air	
	Separate of a feetiber or authorized representative of a member	

Typed or printed name of signee