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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

Division of Cor			
SUBJECT:	Matute's In	Nestments ited Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u>Jessic</u>	a Matute Name of Person	
	J MOTO	Firm/Company	eras llc
	1710 MCKI	nley st apt	2024 Tp
	HOLLYWOOD JPLSERY	City/State and Zip Code  IICELLC @Great  to be used for future annual report notice	177-17
For further information co	oncerning this matter, please c	all:	: 20
Jessica Name of	Matute Person	at ( <u>754</u> ) <u>308</u> 3	3515 e Telephone Number
Enclosed is a check for th	e 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 S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J Matite's Investment ILC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $03 3 .202$ and assigned
Florida document number <u>L21000150533</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4171 ne 12+n ove
(Principal office address MUST BE A STREET ADDRESS)	pompano Beach &
	33064 <u>2 2 1</u>
Enter new mailing address, if applicable:	4171 ne 12th ave 2 F
(Mailing address MAY BE A POST OFFICE BOX)	pompano Beach 11
	33004 No 2
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	, <del>-</del>
agent and/or the new registered office address here.	
Name of New Registered Agent:	_ 1.40
New Registered Office Address:	ne 1271 ave

## 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.

pompano Beach. Florida 33064

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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an effective date is list	ther than the date of ted, the date must be spe	ecific and cannot be p	rior to date of filing	or more than 90 days	after filing.) Pursua	int to 605.0207
	erted in this block do date on the Departm			ning requirements	, this date with no	ot be fisted as
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	Signati	ure of a member or a	attle representa	tive of a member		

Filing Fee: \$25.00