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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

Tallahassee, FL 32314

TO:

Barbara A.	Matuska LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	,
Please return all correspo	ondence concerning this matter	to the following:	<u>.</u>
	Barbara A. Bolduc		
		Name of Person	
		Firm/Company	
	8571 SW 210 Terrace		
		Address	<del></del>
	Cutler Bay, FL 33189		
	harbara@miamihomes-real	City/State and Zip Code estate.com	
	E-mail address: (	to be used for future annual report noti-	fication)
For further information e	oncerning this matter, please ca	all:	
Barbara A. Bolduc		786 294-4248	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Sec	etion
Division of C P.O. Box 632	orporations	Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Barbara A. Matuska LLC		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited	Liability Company were filed on $\frac{5}{2}$	18/2021 and assigned
Florida document number L21000229949		C:
This amendment is submitted to amend the fol	llowing:	DIVISION P 2022 SEP
A. If amending name, enter the new name	of the limited liability company h	ere:
Barbara A. Bolduc LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	
Enter new principal offices address, if appli		
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office address	registered office address on our i	ecords, enter the name of the new registered
N (N 1)	Barbara A. Bolduc	
Name of New Registered Agent:	- Hilliam Colomb	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	8571 SW 210 Terrace	
	Enter Flo	rida street address
	Cutler Bay	, Florida 33189
	City	Zip 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.

f Changing Registered Agent, Signature of New Registered Agent

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	<u>Address</u>	Type of Action
MGR	Barbara A. Bolduc	8571 SW 210 Terrace	□ Add
		Cutler Bay, FL 33189	□Remove
			<b>≣</b> Change
			□Removes SEP □Change
			P P P P P P P P P P P P P P P P P P P
			CJRemove (5)
			□Change
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Effective date.	if other than th	e date of filin	8/2 <b>6</b> /2022 g:			(option	al)	
If an effective date	is listed, the date me e inserted in this b	ust be specific and	I cannot be prior			00 days after fi	ling.) Pursuan	
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