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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	<u>Matther</u> Mat	W Hughes Name of Person Y Real Estate (1) Firm/Company	(C
	7821	Snewberry Circle	
	Mythe E-mail address:	City/State and Zip Code City/State and Zip Co	(. Corr
For further information	concerning this matter, please c	rall:	
Matthew Name	Hughes	at (407) 619 4717 Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclosed)	
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	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

Matty Real	Estate LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21 0003426</u> 2	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Matthew Hux	ghes LLC
The new name must be distinguishable and contain the words "Limited Liabil	ly Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1821 Snowberry Cit
(Principal office address MUST BE A STREET ADDRESS)	Orlando, Fl, 32/8/19
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
agent and of the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zin 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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			□Remove
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ctive date, if other	than the date of filing: the date must be specific and cannot be prior to date of filing	(optional)
e: If the date inserted	l in this block does not meet the applicable statutory on the Department of State's records.	filing requirements, this date will not be listed
-	ed effective date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after
filed.		
ed Sep	tember 10. 2021	
	Signature of a member or authorized represen	stative of a member
	· ·	nee