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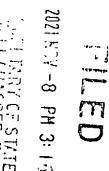
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CARLOS J BARBOSA | | | |
|---|-----------------|--|--|
| Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| CARLOS J BARBOSA | | | |
| | | | |
| Name of Person | | | |
| MATRIX INTERNATIONAL BUSINESS CONSULTING LLC | | | |
| Firm/Company | | | |
| 759 SW FEDERAL HIGHWAY SUITE 304 | | | |
| Address | | | |
| STUART, FL, 34994 | | | |
| City/State and Zip Code | | | |
| INFO@MATRIX-USA.US | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| CARLOS J BARBOSA 561 3294701 at () | | | |
| Name of Person Area Code Daytime Telephone Number | - | | |
| Enclosed is a check for the following amount: | | | |
| ■ \$25.00 Filing Fee | Status & - y | | |
| Mailing Address: Registration Section Street Address: Registration Section | | | |
| Division of Corporations 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

| AKTEPAUKUSA ELU | | |
|---|--|------------------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lin | ompany as it now appears on our reconited Liability Company) | <u>):rds.</u>) |
| | 08/05/2021 | |
| The Articles of Organization for this Limited Liability Com | pany were filed on 08/03/2021 | and assigned |
| Florida document number L21000352440 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | l liability company here: | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "L | .LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES | 22) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| (Mulling address MAT BE A FOST OFFICE BOX) | , | 20 |
| | | • |
| | | - 5 .1 |
| B. If amending the registered agent and/or registered of | ffice address on our records, <u>em</u> | ter the name of the new registered |
| agent and/or the new registered office address here: | | 202 |
| | | |
| Name of New Registered Agent: | | nice 🔾 |
| | | 三二二字 三二二二 |
| New Registered Office Address: | Enter Florida street add | dress |
| | | Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered A | Agent: | |
| I hereby accept the appointment as registered agent an | of among to get in this agragity | I forther caree to comply with the |
| provisions of all statutes relative to the proper and con | | |
| accept the obligations of my position as registered ages | nt as provided for in Chapter 60 | 05, 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 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|---|---------------------|
| MGR | JESUS O TOLEDO LOPEZ | 7540 SW 139TH ST PALMETTO BAY, FL 33158 | ∃ Add |
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| ffective date, if other than the o | late of filing: | | (options | al) |
| an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the Department of the Departm | ck does not meet the a | applicable statutory fili | ing requirements, this d | ate will not be listed as |
| record specifies a delayed effective I is filed. | date, but not an effect | live time, at 12:01 a.m | . on the earlier of: (b) | The 90th day after the |
| ated | 2021 | | | |
| ····- | | $\overline{}$ | | |

Typed or printed name of signee