## L22 000 160233

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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## **COVER LETTER**

	ation Sect n of Corp			
	itfour LLC			
SUBJECT:		Name of Lin	ited Liability Company	
The enclosed Ar	ticles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		Geribel Velasquez Sebasti	ani	
			Name of Person	<del></del>
		Matfour LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		9357 Jaywood road		
			Address	
		Winter Garden/Florida/347	787	
			City/State and Zip Code	
		info@matfour.com	to be used for future annual report no	atitication)
For further infor	mation cor	ncerning this matter, please co		Antelia
Geribel Velasquez Schastiani		321 4004058 at ()		
	Name of I	erson	Area Code Dayti	me Telephone Number
Enclosed is a che	eck for the	following amount:		
■ \$25,60 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address:		Street Address:	
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	ox 6327		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Matfour LLC			
(Name of the Lin	ited Liability Company as it now (A Florida Limited Liability Con	vappears on our records.) npany)	
The Articles of Organization for this Limited	and assigned		
Florida document number L22000160233			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability comp	any here:	
The new name must be distinguishable and contain the	words "Limited Liability Company	y," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appl	icable:		2
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS			SEP SE
	•		K) (F)
			<u> </u>
Enter new mailing address, if applicable:			O AH 9:
(Mailing address MAY BE A POST OFFICE BOX)			9
			07
B. If amending the registered agent and/or agent and/or the new registered office addr		our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	Geribel, Velasquez Sebasti	iani	
New Registered Office Address:	9357 Jaywood road		
	Εř	nter Florida street address	
•	Winter Garden	, Florida <sup>3478</sup>	57
	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.

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	Geribel, Velasquez Sebastiani	9357 Jaywood road, Winter Garden, Fl. 34787	≝Add	
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			🗆 Add	
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		July, 12, 20	022				
(	f other than the date s listed, the date must be sp			(optiona re than 90 days after filir	ng.) Pursuant to 605	5.0201	7 (3)(l
	inserted in this block do tive date on the Departn			requirements, this da	te will not be list	ed as	s the
f the record specifies ecord is filed.	a delayed effective date	, but not an effective t	ime, at 12:01 a.m. o	n the earlier of: (b)	The 90th day afte	r the	
Dated		2022					
			₹.				

Typed or printed name of signee