K22000170695

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COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Cynthia N. Bateman		
		Name of Person	
	Match Enterprises, LLC		ے۔ ج
		Firm/Company	
	1157 Duncan Drive		21 To 300
		Address	
	Winter Springs, FL 32708		
		City/State and Zip Code	ື ັ
	nikki@batemangroup.com		·
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Cynthia N. Bateman		407 580-7360 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(1)	inv as it now appears on our records.)	
(A Florida Limited)	i <mark>ny as it now appears on our records.</mark>) Liability Company)	
orida document number L22000170695		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "E.L.C."
Enter new principal offices address, if applicable:	1157 Duncan Drive	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Winter Springs, FL 32708	rsp
		(3)
Enter new mailing address, if applicable:	1157 Duncan Drive	20 1
(Mailing address MAY BE A POST OFFICE BOX)	Winter Springs, Fl. 32708	
maning dualess MAT BE ATOST OFFICE BOOK		ယ့် 🔍
•	<u> </u>	$\ddot{\omega}$
	address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
agent and/or the new registered office address here:	Enter Florida street address	
Name of New Registered Agent:	Enter Florida street address , Flori	
Name of New Registered Agent:		idaZip Code

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
AP	Terence F. Brennan	20 N Orange Avenue, Ste. 1100	□ Add
		Orlando, FL 32801	= Remove
			□Change
			□Add
			□Remove
			□Change
		<u> </u>	
			Remove
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			□Remove
			□ Change

Typed or printed name of signce