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COVER LETTER

TO:

Registration Section

Division of Cor	porations	•	
SUBJECT: MA	TOS ELETRI	IC E.R LLC ited Liability Company	
NOBSECT:	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:	
	ELTON	MARTINS DE Name of Person	MATOS
	MAT	OS ELETRIC Firm/Company	E.R LLC
	6800	NW 39th AVE	# 181
		JUT PREEK, F	-L 33073
	ELTON E-mail address: (MATOS 983 & G MA1 to be used for future annual report not	L. COH
For further information of	oncerfling this matter, please c	all:	
(DM)	<u></u>	~ a a a a a a a a a a a a a a a a a a a	4.62
	il	at (<u>561)</u> <u>287</u> - Area Code Daytin	1193
Sume o	f Person	Area Code Dayun	ne Telephone Number
Enclosed is a check for th	ne following amount:		
X i \$25.00 Filing 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)
Mailing Addres Registration S		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

. 1	2022 JUN 15 PM 1: 35
MATOS (Name of the Limite)	ELETRIC E.R LLG.
(<u>Name of the Limite</u>	d Liability Company as it now appears on dur records. (*) OF STATE A Florida Limited Liability Company) IALLAHASSEE, FI
The Articles of Organization for this Limited Lia	ability Company were filed on $04/26/2099$ and assigned
F!orida document number <u>L220001</u>	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
The name and he distinguishable and partain the up	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u></u>
D. If any unding the assistance appear and/or as	gistered office address on our records, enter the name of the new registered
agent and/or the new registered office address	
	CITANI NIAATINA DE MATAC
Name of New Registered Agent:	ELTON MARTINS DE HATOS
New Registered Office Address:	GYOO NW 39th Ave #181 Enter Florida street address
	COCONUT EREEK Florida 33073

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 New 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	ELTON MARTINS DE MATOS	6900 NW 39th Ave \$1	∑ L □Add
	DE MAIOS	COCONUT PREEK FL 33	<u>073</u> □Remove
			X Change
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Note:	If the da	ite insertei	d in this t	block does n	iling: ; and cannot be not meet the a of State's rec	pplicable statuto	ing or more than 90 days ry filing requirements	optional) after filing.) Pursuant to 605.0 s, this date will not be listed
the record cord is fil		es a delay	ed effect	ive date, but	not an effect	ive time, at 12:0	I a.m. on the earlier of	of: (b) The 90th day after t
Dated _.	JU!	NE,	03	(D)	20	022		
				Same	of a member of	authorized repres	entative of a member	
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Filing Fee: \$25.00