## L22000 201 483

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## **COVER LETTER**

TO:						
\$11R H	CT. AMEDIC	AN MATRIX LLC				
SUDJI	CT: AMERIO	Name of Lim	ited Liability Company	<del></del>		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Corpor	ate Maintenance Le	ad		
SUBJECT: AMERICAN MATRIX_LLC Name of Limited Lability Company  The enclosed Articles of Amendment and feets) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Corporate Maintenance Lead						
		Proc	essing Department			
			Firm Company			
	1450 Vassar St					
			Address			
Please return all correspondence concerning this matter to the following:    Corporate Maintenance Lead     Name of Person						
			City State and Zip Code			
		E-mail address; (	to be used for future annual report noti	lication)		
For fur	ther information c	oncerning this matter, please c	all:			
	Process	ing Department	000 620 2220			
		<del></del>				
Enclos	ed is a check for th	ne following amount:				
	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
	Registr Divisio P.O. Bo	ation Section on of Corporations ox 6327	Registration Section Division of Corpo Clitton Building	on rations enter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RICAN MATRIX, LLC	
( <u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability (Florida document number <u>L22000201483</u>	Company were filed on 05/16/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del> </del>
(Principal office address MUST BE A STREET ADD	RESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ado		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	Ciţi	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 = MS $AMBR = AS$	anager athorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			Change
			Remove
			☐ Change
			Remove
			Change
			Add
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ect.	ive date, if other than the date of filing: N/A (optional)
<u>te:</u> 100	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a sent's effective date on the Department of State's records.
re	cord specifies a dela ed effective date, but not an effective time, at 12:01 a.m. on the earlier
'nе	90th da after the record is filed.
	2225
ød	1/24. 2023.

Page 3 of 3

Filing Fee: \$25.00