L22000287238

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COVER LETTER

Registration Section

TO:

Division of Cor	rporations			•
	SHANNON L.L.C			_
SUBJECT:	Name of Lin	nited Liability Company		2024 JAN
			요 사용	₹-8
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	33.55 33.55 30.55	
Please return all correspo	ondence concerning this matter	to the following:	27 % C	ST ST
·	JOHN SHANNON		32 53 54 54 54 54 54 54 54 54 54 54 54 54 54	AN IV: 33
		Name of Person	<u>_</u>	
		Firm/Company		
	4214 W GRANADA ST			
		Address	-	
	TAMPA, FL 33629			
	JSHANNON@MSFLCPA	City/State and Zip Code .COM		
		to be used for future annual report no	tification)	
For further information c	concerning this matter, please c	rall:		
JOHN SHANNON		813 5084330		
Name C	of Person	at () Area Code Daytii	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is c	atus &
Mailing Addre Registration		Street Address: Registration S	ection	
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

MATAJ & SHANNON L.L.C

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{06/24/2022}{}$ and assigned Florida document number _____L22000287238 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MATAJ & SHANNON, CPA. LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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

			2024
			JAN -
			-8 AM
		-	### # *
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	<u>,</u>		
			 ,
			
E. Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be prior to date of does not meet the applicable statu	itory filing requirements, this da	ng.) Pursuant to 605,0207 (3
If the record specifies a delayed effective director is filed.	ate, but not an effective time, at 12	2:01 a.m. on the earlier of: (b)	The 90th day after the
Dated January 4th	. 2024		
John Sten Sig	gnature of a member or authorized rep	resentative of a member	
John Shannon			

Filing Fee: \$25.00

Typed or printed name of signee