

L22000382024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

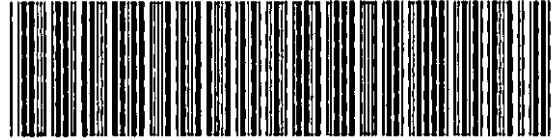
(Document Number)

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2022 NOV -7 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FL

Registration Section
Division of Corporations

T: MATILANZ LLC

Name of Limited Liability Company

used Articles of Amendment and fee(s) are submitted for filing.

turn all correspondence concerning this matter to the following:

Matthew Whitley

Name of Person

Firm/Company

3522 S Macdill Ave

Address

Tampa FL 33629

City/State and Zip Code

matt.b.whitley@gmail.com

E-mail address: (to be used for future annual report notification)

ther information concerning this matter, please call:

ew Whitley

Name of Person

at (720) 334-8011

Area Code

Daytime Telephone Number

ed is a check for the following amount:

\$15.00 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 Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**TO
ARTICLES OF ORGANIZATION
OF**

MATILANZ LLC

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

Articles of Organization for this Limited Liability Company were filed on 08/30/2022 and assigned
document number 1.22000382024.

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

The name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Changing principal offices address, if applicable: _____

Principal office address MUST BE A STREET ADDRESS _____

Changing mailing address, if applicable: _____

Mailing address MAY BE A POST OFFICE BOX _____

Changing 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

_____, Florida _____

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

ed from our records:

Manager

= Authorized Member

Name

Address

Type of Action

Matthew Whitley

3522 S Macdill Ave, Tampa Fl. 33629

☒ Add

☐ Remove

☐ Change

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ive date, if other than the date of filing: _____ (optional)

Effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
ment's effective date on the Department of State's records.

and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
led.

November 3, 2022



Signature of a member or authorized representative of a member

Matthew Whitley

Typed or printed name of signee