172000794821

| (Re | equestor's Name) | |
|-----------------------------|----------------------|-----------|
| (Ac | ddress) | |
| (Ac | idress) | |
| (6) | ty/State/Zip/Phone # | A |
| PICK-UP | WAIT | MAIL |
| (5) | | |
| (BI | usiness Entity Name |) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fil | ling Officer. | |
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| | | |
| | Office Use Only | , |



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2022 SEP | 9 PH 2: 49

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A. BUTLER SEP 19 2022

COVER LETTER

| TO: | Registrati Division o | | | | |
|----------------|--------------------------|---------------------|---|---|---|
| SUBJE | ст:∫ | Mattr | Name of Limit | Real Estate Ll ited Liability Company | LC |
| The enc | losed Artic | les of Ame | endment and fee(s) are sub- | mitted for filing. | |
| Please r | eturn all co | rresponde | nce concerning this matter | to the following: | |
| | | - | Matth | ew Murray | |
| | | - | Mathew | Musica / LC Firm/Company | |
| | | | 14555 B | ahama Swallow 1 | Blud. |
| | | - | Winter Ga | city/State and Zip Code | <u> </u> |
| | | _ | Matt_m7 | 10 hot Mail. Com to be used for future annual report notific | cation) |
| For furt | her informa | ation conce | erning this matter, please ca | all: | |
| | Ma | Hheu Name of Per | J Murray | at (<u>407</u>) <u>408-7</u> Area Code Daytime | R13 Telephone Number |
| Enclose | d is a check | k for the fo | dlowing amount: | | |
| □ \$2 <i>5</i> | 5,00 Filing I | 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jan Jan Jan Jan

| ι/\Λ (I. Δ) | |
|--|--|
| <u> </u> | Real Estate LL 2022 SEP 19 PH 3: 02 |
| (A Florida Limi | ted Liability Company) |
| The Articles of Organization for this Limited Liability Comp. | OG LOGICO DE STATE |
| | any were filed on and assigned |
| Florida document number <u>L22000 394 821</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited l | liability company here: |
| Matthew Mura | ran LLE |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS | same |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | Same |
| | |
| | |
| B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: | ice address on our records, enter the name of the new registered |
| | |
| Name of New Registered Agent: | |
| • | |
| New Registered Office Address: | Enter Florido street address |
| | |
| | , Florida 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 = Manager AMBR = Authorized Member Type of Action <u>Address</u> <u>Title</u> <u>Name</u> \square Add □Remove □ Change \square Add □Remove ☐ Change \square Λ dd □Remove ☐ Change \square Add □Remove □ Change \square Add □Remove \Box Change \square Add Remove □Change

| | Please only change the name of the |
|---------------------|---|
| _ | LLC to Whatthew Murray, LLC |
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| (If an eff Note: | ive date, if other than the date of filing: |
| the recor | d 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. |
| Dated | September 19. 2022. |
| | Signature of a member or authorized representative of a member |
| | Typed or printed name of signee |