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(City/State/Zip/Phone #)				
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	ision of Cor			
· • · • • • • • • • • • • • • • • • • •		njority Ownership		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		Kingsley Albert Peart Jr		
			Name of Person	
		Matrix Solutions Group L.	LC	
			Firm/Company	
		8716 N Greenwood Ave U	Init B	
			Address	
		Tampa, FL 33617		
		 	City/State and Zip Code	
		peartstransport@yahoo.con		
			to be used for future annual report no	tification)
For further in	formation c	oncerning this matter, please ca	all:	
Kingsley A I	'eart Jr		813 377-9768	
	Name o	f Person		me Telephone Number
Enclosed is a	check for th	ne following amount:		
≘ \$25.00 F	iling 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)
	ling Addres		Street Address:	
	istration S ision of C	orporations	Registration Se Division of Co	
	Box 632	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Matrix Solutions Group LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited L. Florida document number 1.22000415529			and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
			5 % .
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC	or the aborevlation L.L.C."
Enter new principal offices address, if applicable:		same address on file	APH
(Principal office address MUST BE A STREET ADDRESS)		8716 N. Greenwood Ave Unit	B - 7
		Tampa, FL 33617	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		same address on file	. 1:01
		8716 N. Greenwood Ave Unit	В
		Tampa, Ft. 33617	
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:	Sarah Ruth Green		
New Registered Office Address:	8716 N. Green	wood Ave Unit B	
	Enter Florida street address		
	Tampa	, FI	orida <u>33617</u>
		City	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.

Xarah Kuth XIreln
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sarah Ruth Green	8716 N Greenwood Ave Unit B Tampa, FI 33617	≣ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
· -			□Add
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			□Change
			🗆 Add
			□Remove
			Change

	
ffective date, if other than the date of filing:	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day is filed.	after the
March 30th 2024	
March 30th 2024 Lingilar A Part Ir Signature of a member or authorized representative of a member	

Filing Fee: \$25.00