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SECRETATION OF THE

COVER LETTER

TO: Registration Sec Division of Corp			
	atheus Corp	2 U.C	
SUBJECT:	Name of Limite	d Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subm	itted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	Jonatha	n Matheus	
	_ Mathei	n Matheus Name of Person US Corp LIC	
		Firm Company	
	11953 SW	14th St Address	
	Pembr	oke Pines, F	Fl 33025 🗎
	, , ,	City/State and Zip Code	
	matheus co	prolle@gmail	. Com
For further information co	oncerning this matter, please call		(1) C
Jonathan	1 Nothers	a-u U7a	Callela
Name of	Person	at (954) 479 Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$ \$25.00 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		<u>Street Address:</u>	
Registration S	ection	Registration Sectorial Division of Corp	
Division of Co P.O. Box 632	-	The Centre of Ta	
Tallahassee, F	TL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	
The Articles of Organization for this Limited Liability Company v	were filed on $\frac{V0/19/2022}{1000000000000000000000000000000000$
Torida document number <u>(22 aw 45 00 9 8</u>	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
he new name must be distinguishable and contain the words "Limited Liabihi	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	3. 202
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	12
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	i. :
	n co
B. If amending the registered agent and/or registered office adgress and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registere</u>
generality registered where address never	
Name of New Registered Agent:	
	-
New Registered Office Address:	Enter Florida street address
	Clauda
	, Florida Cny Zip Code

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>Title</u> Address Remove □ Change □Add □Remove ORemove :ERemove . □Change & □Add □Remove □ Change □Add □ Change □Add □Remove

Meetive date, if other than the date of filing: (an effective date is fissed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Pursuant to 605 0207- (ance: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as focument's effective date on the Department of State's records record 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 distilled. Determ box Of Sugnature of a member or authorized representative of a member		·-						
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			Signature of	a member or auth	orized representat	ve of a member		-

Filing Fee: \$25.00