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COVER LETTER

TO:

	tration Secti on of Corpo			
	MATTOS EN	TERPRISE, LLC		
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The enclosed A	Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return al	ll correspond	ence concerning this matter	to the following:	
		JULIA MATTOS		
			Name of Person	~
		JMATTOS ENTERPRISE	, LLC	
			Firm/Company	
		9842 INTRODUCTION W	/AY	7073
			Address	
		ORLANDO/ FLORIDA/ 3	2832	* 22
			City/State and Zip Code	TVE
		contact@katooutsourcing.co		<u></u>
For further info	rmation con	erning this matter, please c	to be used for future annual report notification)	22
		cerning this matter, please co		
JULIA MATT	OS ————		321 3378952 at ()	
	Name of Pe	erson	Area Code Daytime Telepho	one Number
Enclosed is a cl	heck for the f	following amount:		
■ \$25.00 Fili	ing Fee	S30.00 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)
Regis Divis P.O.	ng Address: stration Section of Corp Box 6327 hassee, FL	porations	Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	ssee t, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMATTOS ENTERPRISE, LLC

(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as It now appears on our records, nited Liability Company))
The Articles of Organization for this Limited Liability Com	pany were filed on 1/17/2023	and assigned
Florida document number L23000031852		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
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		25
Enter new mailing address, if applicable:		. 10
(Mailing address MAY BE A POST OFFICE BOX)		
		5.0
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	nce address on our records, enter ti	ie name of the new register
New Registered Office Address:	- way	
	Enter Florida street address	
	, Flor	ida Zip Code
N. B. C. LA G. C. L. L. C. C. L. C.	City	Zip Code
New Registered Agent's Signature, if changing Registered A le hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	d agree to act in this capacity. I furt plete performance of my duties, and t as provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is
Ī:	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
AMBR	ANDRE G DE CARVALHO PIRE	9842 INTRODUCTION WAY, ORLANDO, FL 328	332 ≣ Add
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			□Change
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C. Effective date, if other than the date of filing:	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207	Effective date, if other than the date of filing:	Effective date, if other than the date of filing:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li-	neet the applicable statutory filing requirements, this date will not be listed as	Effective date, if other than the date of filing:	Effective date, if other than the date of filing:
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Filing Fee: \$25.00