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2623 NOV 14 1/18 7: 58

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ocasio Matros Group Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jous Ocasio Name of Person
Ocasio Matros Group Firm/Company
817 Assembly Ct
Reunion, FL 34747 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Linus Ocasio at (447) 241-9587 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

Ocasio Mateos	Score CCC 2023 1:04 14 1.11 7:58
(Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company	were filed on $91-19-2923$ and assigned
Florida document number <u>L23000036835</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	1 L C
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	1425 US-92 Hmy Daverport, FL 33837
(Principal office address MUST BE A STREET ADDRESS)	Laverport, FL 33837
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and browided for in Chapter 605, F.S. Or, if this document is

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	Martin Mateos	112 Cashew ct	□Add
		112 Cashew ct Longwood, FL 32750	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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an eft <mark>(ote:</mark>	ive date, if other than the date of filing: \(\sum \frac{10 - 23 - 243}{200} \) (optional) fective 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 605.020° If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
recoi Lis fi	ed 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.
	11-14-23 2423
	11-14-23 2423

Filing Fee: \$25.00