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2023 :

S. ROBERTS MAY 2 5 2023

COVER LETTER

TO: Registration Sec Division of Corp		•	
MATING A	LEX, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	ALEJANDRO M. GARCI	A MESA	
		Name of Person	
	MATING ALEX, LLC		
		Firm/Company	
	6413 N THATCHER AVE		
		Address	
	TAMPA, FL 33614		
		City/State and Zip Code	
		VISTAINSURANCE.COM to be used for future annual report notific	ration)
For further information of	oncerning this matter, please co	•	
	one on the state of	813 819-5330	
YANARA GONZALEZ Name of Person		at ()	Telephone Number
Name of Person Area Code Daytime Fere		retephone Number	
	C.H	•	
Enclosed is a check for th			
■ \$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 Registration S Division of C	Section Corporations	Street Address: Registration Sect Division of Corp The Centre of Ta	orations
P.O. Box 632 Tallahassee,		2415 N. Monroe Tallahassee, FL.	Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATING ALEX, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 02/02/2023	and assigned
lorida document number L23000062945	• •	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		207
Principal office address MUST BE A STREET ADDRE	<u></u>	1.*
	•	
Enter new mailing address, if applicable:		:
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
3. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter th</u>	ne name of the new regi
		
New Registered Office Address:	Enter Florida street address	
	, Flor	
	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.

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
AMBR	ALEJANDRO M. GARCIA MESA	6413 N THATCHER AVE TAMPA, FL 33614	
			□Remove
		·	Change
			□Add
		<u> </u>	□Remove
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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this bedocument's effective date on the I	ist be specific and canno lock does not meet the	ot be prior to date he applicable s	of filing or more th	an 90 days after fil	ling.) Pursuant to 6	05.0207 sted as
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ne record specifies a delayed effection of is filed.	ve date, but not an ef	nective time, at	12:01 a.m. on the	e carner of: (b)	The Sum day al	ici ine
Dated		23				
	[m]	D .,				
	Signature of a press	or authorized	renresentative of a	member		
	orginature of a Mc200	or authorized	opresentative or a r			