

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L2300091684**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000167564 3)))



H240001675643ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : KCO SERVICES, LLC  
Account Number : I20200000018  
Phone : (954)744-6605  
Fax Number : (833)648-2730

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: greenergy.official@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MATCHALI LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 08 2024

T. LEMIEUX

RECEIVED

2024 MAY -8 PM 2:13

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
TALLAHASSEE, FL

2024 MAY -8 PM 4:40

RECEIVED

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATCHA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/20/2023 and assigned  
Florida document number 1.23000091684.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited 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 ADDRESS)**

1100 Brickell Bay Dr

PH 55N

Miami, FL 33131

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

1100 Brickell Bay Dr

PH 55N

Miami, FL 33131

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ACEVEDO, LADY J	1100 Brickell Bay Dr	<input type="checkbox"/> Add
		PH 85N	<input type="checkbox"/> Remove
		Miami, FL 33131	<input checked="" type="checkbox"/> Change
MGR	RUBEN D OLIVARES PETIT	1100 Brickell Bay Dr	<input type="checkbox"/> Add
		PH 85N	<input type="checkbox"/> Remove
		Miami, FL 33131	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated May 6th, 2024

John Acvedo

Signature of a member or authorized representative of a member

LADY J ACEVEDO

Typed or printed name of signee