Division of Corporations

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Division of Corporations

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From:

Account Name : EXPRESS ACCOUNTING AND INCOME TAX SVCS CORP.

Account Number : I20060000141 Phone : (954)788-7400 Fax Number : (954)366-5644

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

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Tallahassee, FL 32314

2415 N. Monroc Street, Suite 810

Tallahassee, FL 32303

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## **COVER LETTER**

TO: Registration Solution of Col			
· A( MATRIX I	ELECTRICAL REPAIRS & M	AINTENANCE LLC	
SUBJEA, C	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nutted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANIBAL QUINTAO		·
	The observation of the Park of the State of	Name of Person	- other former and the State of the Control of the
	QUINTAO CONSULTING	J AND INVESTMENTS	·
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For further information of	concerning this matter, please e		
ANIBAL QUINTAO		56} 929 6899 arr	
Name (	of Petson	Area Code Daytin	ic Telephone Number
Enclosed is a check for t	the fallowing amount:		
		LJ \$55.00 Filing Fee &	L1 S60.00 Filing Fee.
E SELON FINE CEC	Certificate of Status		Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of C	Section Corporations	Registration Se Division of Co	
P.O. Box 633		The Centre of 1	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AL REPAIRS & MAINTEN/		
( <u>Nam</u>	e of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
	•		
The Articles of Organization for thi	is Limited Liability Compar	y were filed on 03/01/2023	and assigned
Florida document aumber 1.23000H	08957	•	
This amendment is submitted to an	nend the following:		• •.
A. If amending name, enter the r		ability company here:	
The new name must be distinguishable and	d contain the words "Limited Lia	ibility Company," the designation "LI C" (	or the abbreviation "L.L.C."
Enter new principal offices addre	ess, if applicable:	Service of a stopp file for a model for a stopp of the con-	. Apply to got Then the specific of Apply Addition to the second
(Principal office address MUST B	<u>E A STREET ADDRESS)</u>	والمائية والمساورة والمائية والموافق المراث المائية والموافق المراث المائية والموافق المراث المائية والمائدة و	
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Enter new mailing address, if app	plicable:	Agents mandrom to symbol plotpics for address commencer to severe up to place approximation on	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Muiling address MAY BE A POS	T OFFICE BOX)		
			~ ~
B. If amending the registered ag	ent and/or registered offic	ee address on our records, <u>enter t</u>	ne name of the new registered
agent and/or the new registered of	ottice address nere:		. <b>₹</b>
Name of New Registered	Agent:		
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MA)' BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  [Now Registered Office Address:  Enter Florida street address			
			• •
	y a y Agriga (An Annais an An	Flor	rida <u>+</u>
		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

To: Page: 5 of 6 2023-11-13 17:21.19 GMT 19543012968 From: Anibal Quintao

If amending Authorized Person(s) authorized to manage, enter the fifte, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Title</u>	Name	Address	Type of Action
MGR	EDGAR DA SILVA	8565 DUKE COURT W. BOYNTON BCH, FL 3343	6 <b>≡</b> Add
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