11/21/23, 1:37 PM

**Division of Corporations** 

# Elorida Department of State Division of Corporations Electronic Filling Cover Sheet

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		Division of Corporations	
		Fax Number : (850)617-6383	
	From:		٠
		Account Name : LEGALZOOM.COM INC.	- 1
		Account Number : I20010000062	••
		Phone : (323)962-8600	<u>, ; ; </u>
<del></del>		Fax Number : (323)389-0502	
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		the email address for this business entit nual report mailings. Enter only one email	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAGNA MATRIX REAL ESTATE LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

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To: 2023/11/20 20:34

#### **COVER LETTER**

	egistration S ivision of Co						
		MATRIX REAL ESTATE LLC					
SUBJECT: Name of Limited Liability Company							
The enclos	ed Articles o	f Amendment and fee(s) are subm	nitted for filing.				
Picase retu	m all corresp	ondence concerning this matter to	o the following:				
		Cheyenne Moseley					
			Name of Person				
		Legalzoom.com, Inc.					
Firm/Company							
101 N Brand Blvd I lth Fl							
			Address	<del></del>			
	Glendale, CA 91203						
			City/State and Zip Code	<del></del>			
		mayamanseur@gmail.com					
		E-mail address: (u	o be used for future annual report not	ilication)			
For further in	iformation o	oncerning this matter, please ca	II:				
Cheyenne M	oseley		800 773-0888 at ( )				
<del>-</del>	Name of Person Area Code Daytime Telephone N						
Enclosed is a	check for th	e following amount:					
□ \$25,00 Fi	iling 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section
Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

From: Mohd Afzal

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGNA MATRIX REAL ESTATE LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our recordings of Liebility Company)	<u> </u>
The Articles of Organization for this Limited Liability Cor Florida document number <u>L23000489227</u>	mpany were filed on 10/26/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	2.
Magna Matrix Ventures LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLI	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE		
	<del></del>	· · · · · · · · · · · · · · · · · · ·
		'. <del>'</del> ⊃
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	Enter Florida street addre	T.
		orida
	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

Title	<u>Name</u>	Address	Type of Action
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			O Remove
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Typed or printed name of signee

Maya Manscut

Filing Fee: \$25.00