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## **COVER LETTER**

TO:	<b>Registration Section</b>
	Division of Corporations

Mataj Consulting LLC

SUBJECT: \_

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:

Gentian Mataj Name of Person Mataj Consulting LLC Firm/Company 14610 Chatsworth Manor Cit Address Tampa FL 33626 City/State and Zip Code gmataj@msflepa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gentian Mataj 313 320-0300 at ( \_\_\_\_ Ch Name of Person Daytime Telephone Number Area Code [] [] Enclosed is a check for the following amount:  $\sim$ ŝ □ \$60.00 Filing Fee,<sup>□¬</sup> **\$**25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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

Mataj Consulting LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>1.23000517582</u> .	were filed on <u>November 15, 2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	<u>ility company here</u> :	
Mataj Consulting Group, CPA LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13123 W Linebaugh Ave	
(Principal office address MUST BE A STREET ADDRESS)	# 102	
	Tampa FL 33626	
Enter new mailing address, if applicable:	13123 W Linebaugh Ave	
(Mailing address MAY BE A POST OFFICE BOX)	# 102	<i>ci</i> : 28
	Tampa Fl. 33626	
		د میں اور
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</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a Zip Code
	·	rup 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

## MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			🗆 Remove
			🗆 Change
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			🗆 Remove
			🗆 Change

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

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(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 2/12/2024	
Ce la	
Signature of a member or suthorized representative of a member	
GENTLAN MATAJ	
Typed or printed name of signee	

Typed or printed name of signee

Filing Fee: \$25.00