## L24000348557

(Requestor's Name)
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## **COVER LETTER**

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SUBJEC	JT:	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Do	ouglas M. Valenzuela Santos			
	Maty's Connstruction LLC					
			Firm/Company			
			3708 Ponce De Leon Blvd			
			Address			
		Firm/Company  3708 Ponce De Leon Blvd  Address  Coral Gables, Fl 33134  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  at (				
		E-mail address: (	to be used for future annual report no	dification)		
For furth	er information c	oncerning this matter, please c	all:			
Ginella Obando		· ·	2			
	Name o	f Person	Area Code Daytit	ne Telephone Number		
Enclosed	l is a check for th	ne following amount:				
⊠ \$25.	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
				ection		
Division of Corporations		Division of Corporations				
	P.O. Box 632 Tallahassee,			oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maty's	s Connstruction LLC	A Company of the Comp	
(Name of the Limited Liability (A Florida L	Company as it now appermited Liability Company	y) 2024 UCT 25 PH 1. 21	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L24000348557</u>	mpany were filed on _	08/08/2024 and assign STATE and assign TAILLAHASSEE, FL	ied
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company	here:	
Maty's Construction LLC			
The new name must be distinguishable and contain the words "Limite	d Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>		
	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<u></u>		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our	r records, <u>enter the name of the new r</u>	egisterec
Name of New Registered Agent:	<u>.                                      </u>		<del></del>
New Registered Office Address:	Enter F	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 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
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		<del></del>	□ Remove
			Change
			□Add
			Remove
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i effectiv <mark>e</mark> da <b>te:</b> If the di	e, if other than the date te is listed, the date must be sp ate inserted in this block do fective date on the Departm	ecific and cannot be process not meet the app	ior to date of filing dicable statutory	or more than 90 day	/s after filing.) Pursu	iant to 605,020 of be listed a
ecord specifis filed.	ies a delayed effective date	, but not an effectiv	e time, at 12:01 a	.m. on the earlier	of: (b) The 90th	day after the
ted	October 5	· 2024	·			
	160	will the same	<u> </u>			
		ture of a member or a				