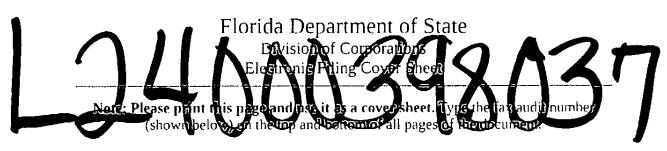
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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Fwa11	Address:	 	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **MATICA GUYS LLC**

Certificate of Status	0
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M. SOLOMON

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Matica Guys LLC (Name of the Climited	Liability Company as it now appears on our r (Florida Limited Liability Company)	ecords.)		
The Articles of Organization for this Limited Liab Florida document number L24000398037	oility Company were filed on U9/12/22	*	ınd assi	gned
This amendment is submitted to amend the follow	/ing:			
A. If amending name, enter the new name of the	he limited liability company here:			
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation	"LLC" or the abbrevia	tion "L.l	C."
Enter new principal offices address, if applicab	ole:	S	207	
(Principal office address MUST BE A STREET.	ADDRESS)	3400 [178]	-SEP	स्वयुक्त ्
		200 2017	<u> </u>	i i
Enter new mailing address, if applicable:			_₽_	
Mailing address MAY BE A POST OFFICE BO	<u> </u>	ST.	կ։ 07	
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B. If amending the registered agent and/or regagent and/or the new registered office address l		nter the name of t	he new	registe
Name of New Registered Agent:				
Name of New Registered Agent: New Registered Office Address:				
	Enter Florida street a	iddress		
		iddress _, Florida		

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.

9/24/2024 11/38/36 PDT To: 18506176383 Page: 3/4 Fax: 8134365206

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
MGR	Garcia, Kevin Javier	11281 SW 88th Ave	\\ \overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overli
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. Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	filing.) Pursu		
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) cord is filed.) The 90th	day after th	ne
Dated September 24th 2024			
Signature of a member or duthorized representative of a member			
Robin Jones			
Typed or printed name of signee			