

LLC 0000 No 345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

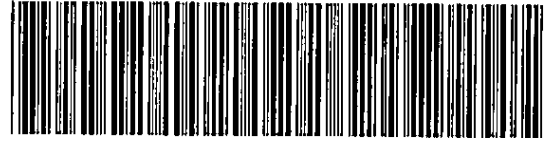
(Business Entity Name)

(Document Number)

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06/15/21--01041--010 **25.00*

FILED
2021 MAR 15 1:43

LLC
Amend.

6/4/21

DC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MMS AGENCY LLC
Name of Limited Liability Company

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:

Ronel Alvarez Rodriguez
Name of Person

MMS AGENCY LLC
Firm/Company

2433 Centergate Dr apt 307
Address

Miarmar, FL 33025
City/State and Zip Code

ronel@mmsagency.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronel Alvarez Rodriguez at (786) 609-1889
Name of Person Area Code & Daytime Telephone Number

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 32305

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2021 MAR 15 1:40

MMS AGENCY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/25/2016 and assigned Florida document number L160000163345.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2433 Centergate Dr apt 307

(Principal office address MUST BE A STREET ADDRESS)

Miramar, FL 33025

Enter new mailing address, if applicable:

2433 Centergate Dr apt 307

(Mailing address MAY BE A POST OFFICE BOX)

Miramar, FL 33025

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Ronel Alvarez Rodriguez

New Registered Office Address:

2433 Centergate Dr apt 307

Enter Florida street address

Miramar

City

Florida 33025

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.



X _____
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ronel Alvarez Rodriguez	2433 Centergate Dr apt 307	<input checked="" type="checkbox"/> Add
		Miramar, FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dante Ruiz	1936 NW 82 AVE	<input type="checkbox"/> Add
		Doral, FL 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Lined area for amending information.

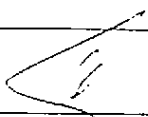
E. Effective date, if other than the date of filing: _____ (optional)

(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 May 6 2020

X  _____
Signature of a member or authorized representative of a member

Ronel Alvarez Rodriguez

Typed or printed name of signee