

10/26/2021 15:45  
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**L17000027531**

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : ELO ENTERPRISES, INC  
Account Number : I2015000109  
Phone : (561)544-8862  
Fax Number : (954)697-0130

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

Email Address: sales@eloenterprises.us

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
M & M GLOBAL ENTERPRISES LLC**

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STATE OF FLORIDA

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October 26, 2021

FLORIDA DEPARTMENT OF STATE  
 Division of Corporations

M & M GLOBAL ENTERPRISES LLC  
 7225 RIVERSIDE DR  
 APT 202  
 CORAL SPRINGS, FL 33071US

SUBJECT: M & M GLOBAL ENTERPRISES LLC  
 REF: L17000027531

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

The signature page is illegible and not suitable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather  
 Regulatory Specialist III

FAX Aud. #: H21000395916  
 Letter Number: 621A00026074

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED STATE  
SECRETARY OF  
DIVISION OF CORPORATE  
2021 OCT 26 AM 10:17

M & M GLOBAL ENTERPRISES 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 02/03/2017 and assigned  
Florida document number L17000027531

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:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

ELO ENTERPRISES INC

New Registered Office Address:

4700 NW BOCA RATON BLVD #202

*Enter Florida street address*

BOCA RATON


Florida 33431

*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

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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	DIEGO R.MOTA	3602 NE 18th AVE	<input type="checkbox"/> Add
		OAKLAND PARK, FL 33334	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRUNO GAVIOLI LOPES	1850 PRAIA DE ITAPARICA	<input checked="" type="checkbox"/> Add
		VILA VELHA, ES, 29102-010	<input type="checkbox"/> Remove
		BRAZIL	<input type="checkbox"/> Change
MGR	ANA PAULA REINDERS MOTA	3602 NE 18th AVE	<input checked="" type="checkbox"/> Add
		OAKLAND PARK, FL 33334	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANA PAULA R RODRIGUES	482 NE 8th AVE	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL 33441	<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

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: September 27th of 2021. (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 October 15th 2021

Ana Paula Reinders Mota  
Signature of a member or authorized representative of a member

ANA PAULA REINDERS MOTA  
Typed or printed name of signer