## LIS 000 198891

(Re	questor's Name)	
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PICK-UP		MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer.	
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
MXM TEC	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
		Name of Person	<del></del>
	LEGIT CONSULTING SE	ERVICES LLC	
		Firm/Company	
	6735 CONROY WINDER	MERE RD 233	
	<del>-</del>	Address	
	ORLANDO FL 32835		
		City/State and Zip Code	
	INFO@LEGITCS.COM  E-mail address: (1)	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
FABIANA VIANA		407 2852290 at ()	
Name of Person		Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MXM TEC LLC	FILED
( <u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on the records.)  Limited Liability Company) 2020 HAY 12 PM 1:50
The Articles of Organization for this Limited Liability Co Florida document number <u>L18000198891</u>	mpany were filed on 08/20/2018 KETAN OF STATE TALLAHASSEE. FL
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
MXM TECH LLC	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRI	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent: N/A	
New Registered Office Address:	Enter Florida street address
	, Florida
D. J. J. W. Cimphon if abanding Designand	City

## 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	FILED	Type of Action
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effective date, if other than the effective date is listed, the date muser. If the date inserted in this blument's effective date on the D	st be specific and cannock does not meet	the applicable	te of filing or statutory fil	more than 90 ing requiren	days after fili	ng.) Pursu	ant to 605.02 of be listed
cord specifies a delayed effectiv s filed.	e date, but not an e	ffective time,	at 12:01 a.n	n. on the earl	ier of: (b)	The 90th	day after th
APRIL 24th		)25					
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	Signature of a memb	oer or authorized	i representati	ve of a memb	er		

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