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SECRETARY OF STATE

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COVER LETTER

TO: Registration Division of C				
SUBJECT: MMG HO	OLDINGS COMPANY LLC			
The enclosed Articles of	of Amendment and fee(s) are su	tbmitted for filing.		
	pondence concerning this matte	_		
	ANTHONY G COLEMA	N, JR		
	41	Name of Person		
	COLEMAN AND COHE	N LLC		
		Firm/Company		. ~
	2151 WEST HILLSBORG	O BLVD SUITE 206	Z.S.	7021 JUL -6
		Address		
	DEERFIELD BEACH, FI	L 33442	HASS	9 1
	DCOHENGSOLTTURI OF	City/State and Zip Code	NOF S	L-6 PM 2:
	DCOHEN@SOUTHFLOR	(to be used for future annual report noti	A	
For further information	concerning this matter, please c		iication) 🔟	7
ANTHONY G COLEM		954 354-2785 at ()		
Name	of Person		e Telephone Number	
Enclosed is a check for (the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing I Certificate of Certified Copy (additional copy i	Status & Y
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T	porations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y Company as it now appears on our Limited Liability Company)	records.)
ompany were filed on 07/25/2019	
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ed Liability Company," the designation	n "LLC" or the boremation "L.L.C."
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office address on our records, g	enter the name of the new register
Enter Florida street e	address
	, Florida
City	Zip Code
	ed liability company here: ed Liability Company," the designation ESS) Enter Florida street

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

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 = M $AMBR = A$	lanager authorized Member		
Title	Name	Address	Type of Action
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