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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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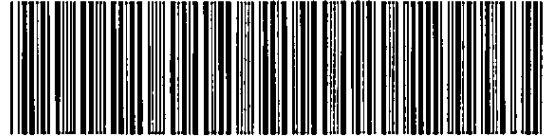
(Business Entity Name)

(Document Number)

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Amend CUS

JUL 25 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M & B 174 Enterprise Limited Liability company
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bettina Propnete

Name of Person

Firm/Company

P.O. Box 771043

Address

Coral Springs, FL 33077

City/State and Zip Code

BettinaPropnete@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bettina Propnete

Name of Person

at (954) 695 - 8404

Area Code

Daytime 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 Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

M & B 174 Enterprise Limited Liability Company

(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 1/17/2020 and assigned Florida document number L20000012710.

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:

New Registered Office Address:

Enter Florida street address

Florida

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

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>
<u>MGR</u>	<u>Michelle Prophete</u>	<u>P.O. Box 771043</u>	<input type="checkbox"/> Add
		<u>coral springs, FL 33077</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Bettina Prophete</u>	<u>P.O. BOX 771043</u>	<input checked="" type="checkbox"/> Add
		<u>coral springs, FL 33077</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Michaelle Prophete</u>	<u>P.O. Box 771043</u>	<input checked="" type="checkbox"/> Add
	<u>* name was not corrected</u>	<u>coral springs, FL 33077</u>	<input type="checkbox"/> Remove
	<u>in last amendment filed</u>	_____	<input type="checkbox"/> Change
	<u>(this name has an "a"</u>	_____	<input type="checkbox"/> Add
	<u>included)</u>	_____	<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

[illegible]

(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.

Dated 06/07/2020.

Bettina Zephie
Signature of a member or authorized representative of

Signature of a member or authorized representative of a member

Bettina Prophete
Typed or printed name of signer