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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	ome Solutions LLC	-	
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Marcia Brown		
		Name of Person	
	Browns Home Solutions L	LC	
		Firm/Company	
	11544 WISHING WELL I	LANE	
		Address	
	CLERMONT, FL 34711		
		City/State and Zip Code	
	filing@atphs.com	to be used for future annual report no	atification)
For further information c	oncerning this matter, please ca		omeanon,
Marcia Brown		407 946 0851	
Name o	f Person	at () Area Code Dayt	me Telephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration S	Section
Division of C	Corporations	Division of C	orporations
P.O. Box 632	.7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2025 AUG 11 AM 8:08

BROWNS HOME SOLUTIONS LLC		⁶³ // n.
(<u>Name of the Limited Liability</u> C (A Florida Lin	ompany as it now appears on our records. mited Liability Company)	.) AM
The Articles of Organization for this Limited Liability Com	pany were filed on 03/30/2022	and assigned ·
Florida document number 1.22000153216		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
MM Solution Enterprise LLC		
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 ADDRES		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Maning dadress MAT BEAT OUT OF THE BOOK		
	-	
B. If amending the registered agent and/or registered of	ffice address on our records, enter t	he name of the new registered
agent and/or the new registered office address here:	· —	
Name of New Registered Agent:		
New Registered Office Address:		
in regulated virtue raddress.	Enter Florida street address	
	Flor	rida
	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 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	Type of Action
			🗆 Add
			□Remove
			□Change
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			□Remove
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			□Change

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