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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Co	rporations		
	M & D. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
Trease retain an eonrespo		to me to the wing	
	Jorge Mulet		
	***	Name of Person	
		Firm/Company	****
	18838 NW 63rd Court		
		Address	
	Hialeah, FL 33015		
		City/State and Zip Code	
	jmulet77(a gmail.com	,	
	E-mail address: (to be used for future annual re	ort notification)
For further information of	concerning this matter, please c	all:	
Jorge Mulet		786 781	1980
Name (of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Add	
Registration Division of C		_	on Section of Corporations
DIVISION OF	zorporations	DIVISION	or corborations

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

FILED

2022 OCT 17 AM 10: 16

SECRETAIN, OF STATE Properties M & D, LLC (Name of the Limited Liability Company as it now appears on our records.) TALLAHASSEE. FL
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/06/2022 __ and assigned Florida document number <u>L.22000389475</u> 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 "LLC." 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 j

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.

City

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
MGR	Jorge Mulet	18838 NW 63rd Ct, Flialeah, FL 33015	🖨 Add
			□ Remove
			□Change
MGR	Annia Mulet	18838 NW 63rd Ct, Hialeath FL 33015	∰Add
			Remove
			[]Change
			□Add
			Remove
			□Add
			□Remove
			[]Change
			□ Add
			□Remove
			Change
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<u> Vote:</u>	ve date, if other than the date of filing:
l is fil	
ated	10/12/2022 ·
	///CCC/Y
	Signature of a member or authorized representative of a member

. . .