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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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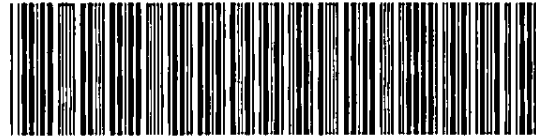
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 AUG 18 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FL

JS
8/18/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2021

TAYLOR T. DOLAN
1400 EYE STREET NW
SUITE 200
WASHINGTON, DC 20005

SUBJECT: BLACKSTONE CONSULTING LLC
Ref. Number: M05000002674

We have received your document for BLACKSTONE CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 321A00018895

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLACKSTONE CONSULTING LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Taylor T. Dolan

Name of Person

Lee/Shoemaker PLLC

Firm/Company

1400 Eye Street, NW, Suite 200

Address

Washington, DC 20005

City/State and Zip Code

ttd@leeshoemaker.com

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

For further information concerning this matter, please call:

Taylor T. Dolan

at (202) 971-9408

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

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TALLAHASSEE, FL

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: BLACKSTONE CONSULTING LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: MI05000002674

3. Jurisdiction of its organization: RHODE ISLAND, UNITED STATES

4. Date authorized to do business in Florida: 05/13/2005

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: MMRR, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

Manelis, McDonald, Riouch, Renick, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
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_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Natalie J.
McDonald

Digitally signed by Natalie J. McDonald
Date: 2021.07.19 11:10:48
04:00

Signature of the authorized representative

Natalie J. McDonald

Typed or printed name of signee

Filing Fee: \$25.00



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

CERTIFICATE OF GOOD STANDING

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

MMRR, LLC

is a Rhode Island Limited Liability Company organized on **May 25, 2001**.

I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office.

This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

July 13, 2021

Secretary of State



Certificate Number: 21070035880

Verify this Certificate at: <http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx>

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TALLAHASSEE, FL



Department of State Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

The Office of the Secretary of State of the State of Rhode Island,
HEREBY CERTIFIES, that articles of amendment were filed in this office
on the eighth day of July, 2021 changing the company name from
BLACKSTONE CONSULTING LLC to MMRR, LLC.

SIGNED AND SEALED this 13th
day of July, 2021.

Nellie M. Gorbea

Secretary of State

(Bj) 011121-104232

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SECRETARY OF STATE
TALLAHASSEE, FL

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