

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.
 Account Number : 104076000124
 Phone : (305)476-7100
 Fax Number : (305)476-7102

20 AUG 20 AM 11:18

FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

2020 AUG 20 PM 3:22

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: abazo@rascoklock.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MM BUSINESS GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03 Y
Estimated Charge	\$25.00

AUG 21 2020

AUG 21 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MM BUSINESS GROUP, LLC

(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 04/09/2020 and assigned
Florida document number L20000100471

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**)

1450 MADRUGA AVE SUITE 304

CORAL GABLES FL 33146

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1450 MADRUGA AVE SUITE 304

CORAL GABLES FL 33146

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:

TRANSWORLD BUSINESS MANAGEMENT, LLC

New Registered Office Address:

2555 PONCE DE LEON BLVD SUITE 600

Enter Florida street address

CORAL GABLES

Florida 33134

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>
MGR	SYLVIA A. FRANCO	1450 MADRUGA AVE SUITE 304	<input checked="" type="checkbox"/> Add
		CORAL GABLES FL 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA I. MARTINEZ	1450 MADRUGA AVE SUITE 304	<input type="checkbox"/> Add
		CORAL GABLES FL 33146	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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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 AUGUST 10, 2020

Handwritten signature: *H. P. ...*

MARIA I MARTINEZ

Typed or printed name of signer

Filing Fee: \$25.00