

LOS 000053879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800060670138

10/18/05 - 010024 - 1915 * 40, 00

FILED
2005 OCT 19 PM 3:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

↓ 0010001 OCT 21 2005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MBM PARTNERS LLC
(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:

Yvonne Bianchini
(Name of Person)
MBM PARTNERS LLC
(Firm/Company)
1902 SW 86TH AVENUE
(Address)
NORTH LAUDERDALE, FL 33068
(City/State and Zip Code)

FILED
2005 OCT 19 PM 3:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

YVONNE BIANCHINI at 954 815-8155
(Name of Person) (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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MBM PARTNERS LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on **JUNE 1, 2005** and assigned
document number **LS0000053879**

SECOND: This amendment is submitted to amend the following:

CHANGE OF NAME TO:

MBM PARTNERS LLC

FILED
2005 OCT 19 PM 3:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Dated **OCTOBER 17, 2005**



Signature of a member or authorized representative of a member

YVONNE C.

Typed or printed name of signee

Filing Fee: \$25.00