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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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DIVISION OF CORPORATION 22 MAY 10 AM IO: 03

T. MATTHEWS

JUL -7 2022

COVER LETTER

TO: Registration So Division of Con			
MMB Flor	ida LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Michael D. Price		
		Name of Person	
	MMB Florida LLC		
		Firm/Company	
	2742 Gulf Breeze Pkwy		
		Address	
,	Gulf Breeze, FL 32563		
	mmbfloridalle@gmail.com	City/State and Zip Code	
	- -	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ea	all:	
Mi Chael Name o	D Price	at (<u>\$50</u>) <u>341</u> – Area Code Daytime	0089 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)	☐ \$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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION CRETARY OF STATE **OF**

22 HAY 10 AH 10: 03

MMB Florida LLC

company has been notified in writing of this change.

·	(A Florida Limited	any as it now appears on Liability Company)	,		
The Articles of Organization for this Limited I Florida document number $\frac{1.07000064367}{1.0000064367}$	Liability Company	were filed on 06/19/2	2007 and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here:	:		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the design	gnation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		2742 Gulf Breeze Pkwy			
(Principal office address MUST BE A STREET ADDRESS)		Gulf Breeze, FL 32563			
Enter new mailing address, if applicable:		2742 Gulf Breeze Pkwy			
(Mailing address MAY BE A POST OFFICE	· ROV)	Gulf Breeze, FL 32563			
	<u> </u>		·		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:		address on our reco	ords, <u>enter the name of the new register</u>		
New Registered Office Address:	2742 Gulf Bree	eze Pkwy			
New Registered Office Address.	-	Enter Florida :	street address		
	Gulf Breeze		Florida 32563		
	<u> </u>	Cin	Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:	<u>.</u>			
I hereby accept the appointment as register provisions of all statutes relative to the proj accept the obligations of my position as reg	per and complete	performance of my	duties, and I am familiar with and		

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	Address	Type of Action
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			□ Remove
			Change
			□ Remove
			□Change
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