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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M & M ESTATES, 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:

YOLANDA P. McSPADDEN

Name of Person

M & M ESTATES, LLC

Firm/Company

415A VERB ST

Address

FT. WALTON, FL 32547

City/State and Zip Code

YMCSPADDEN@USA.NET

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

For further information concerning this matter, please call:

YOLANDA P. McSPADDEN

850 814-3870
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
TO
ARTICLES OF ORGANIZATION
OF**

M & M ESTATES, 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 08/05/2009 and assigned
Florida document number L09000075109.

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)

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:

YOLANDA P. McSPADDEN

New Registered Office Address:

415A VERB ST.

Enter Florida street address

FT. WALTON

, Florida

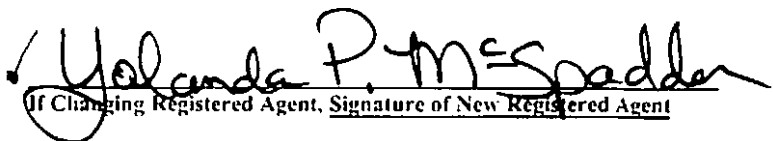
City

32547

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

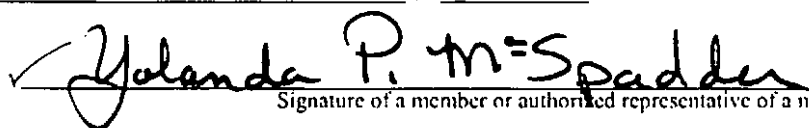
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	YOLANDA P McSPADDEN	415A VERB ST	<input checked="" type="checkbox"/> Add
		FT. WALTON, FL 32547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YOLANDA P. McSPADDEN	415A VERB ST	<input type="checkbox"/> Add
		FT WALTON, FL 32547	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	DAVID L McSPADDEN JR.	415A VERB ST	<input type="checkbox"/> Add
		FT. WALTON, FL 32547	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

As "Surviving Member", Yolanda P. McSpadden will be the only Authorized Member of
M & M Estates, LLC. It was also voted that she will now be the President, V. President, Secretary, and Treasurer
of the LLC approved with IRS as an "S" Corporation. All Ownership and Stock held by David L McSpadden, Jr.,
will be transferred to Yolanda P. McSpadden as "Surviving Member".

E. Effective date, if other than the date of filing: 06/26/2022 **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 28, 2022

Signature of a member or authorized representative of a member
Yolanda P. McSpadden, AMBR

Typed or printed name of signee