

L09000 113031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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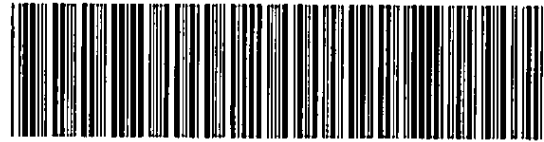
(Business Entity Name)

(Document Number)

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2021 MAY -3 A 11:24

S.C.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MM102.421, 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:

Shawn Tolley
Name of Person

MM102.421, LLC
Firm/Company

102411 Overseas Hwy
Address

Key Largo, FL 33037
City/State and Zip Code

Lisa@Sandalfactory.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Marks at 305 453 9144
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

mm102.421, 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 11-24-09 and assigned
Florida document number LO9000113031

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:

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MTR John J. Cioffi 10241 Overseas Hwy ☒ Add
Key Largo, FL 33037 ☐ Remove

Year	Number of people (millions)
1996	14.5
2000	15.0
2004	15.5
2008	16.0
2012	17.0
2016	18.5

Change

_____ ☐ Add

Remove

Line graph showing the change in the number of people in the population aged 65 and over from 1990 to 2010 for various countries. The Y-axis represents the number of people in millions, ranging from 0 to 100. The X-axis represents the year, from 1990 to 2010. The graph shows a general upward trend for all countries, with Japan and Germany showing the most significant increases.

Country	1990 (millions)	2010 (millions)
Japan	25	35
Germany	20	28
France	15	22
Italy	12	18
Spain	10	15
United Kingdom	8	12
United States	5	8
China	2	5
India	1	3
South Africa	0.5	1

_____ ☐ Add _____

[Remove](#)

_____ ☐ Change

_____ ☐ Add

☐ Remove

☐ Add

 Remove

Change

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Remove

_____ ☐ Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (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

41-22-21

Signature of a member or authorized representative of a member

Shawn Teller
Typed or printed name of signee

Typed or printed name of signee

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Filing Fee: \$25.00