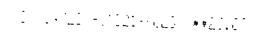
L10000011246

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

TO: Registration S Division of Co		
	omated Services, LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	Jeffrey Sorce	
		Name of Person
	M&M Automated Service	s
		Firm/Company
	930 Blackjack Ridge Trl.	
	· · · · · · · · · · · · · · · · · · ·	Address
	Lake Helen, FL 32744-338	36 :: 75
	mmautoserv@outlook.com	City/State and Zip Code to be used for future annual report notification) all:
	E-mail address: (to be used for future annual report notification)
For further information of	concerning this matter, please c	all:
Jeffrey Sorce		386 795-1375 at ()
Name o	of Person	Area Code Daytime 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 & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	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 Automated Services, LLC	
(<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil	led on 02/01/2010 and assigned
Florida document number L10000011246	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	: 52
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	. 1
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new register
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

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>	Name	Address	Type of Action
MGR	Latisha Sorce	930 Blackjack Ridge Trl.	≡ Add
		Lake Helen. FL 32744-3386	□Remove
			□ Change
			□Add
		- <u></u>	□Remove
			□Change
			
			☐Remove
			—————————————————————————————————————
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
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		- · · · · · · · · · · · · · · · · · · ·	□Change

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Tectiv	ve date, if other ctive date is listed, t	than the date	of filing:	July	1,20	23	(opti	onal)		020
<u>ote:</u> l	If the date inserted	l in this block do	es not me	et the applic	able statuto					
ocume	ent's effective date	on the Departm	ent of Sta	te s records						
record	specifies a delaye	ed effective date.	but not a	n effective t	ime, at 12:0	l a.m. on the	earlier of: (t) The 9	0th day after	the
is file					·		·	,	-	
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ated _	JUNE		··	<i>3023</i>	<u> </u>					
		_ /	_		/					

Typed or printed name of signee