L10000062059

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SECRETARY OF STATE
ALLAHASSEE, FLORIO

J. BRYAN

DEC 21 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MM CORPORATE HOUSING 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:	
MIGUEL A. MENDEZ Name of Person	
MM CORPOLATE HOUSING, LLC Firm/Company P.O. Box 36177 Address DALLAS, TX. 75235 City/State and Zip Code	10 DEC 20 PH 3: 49 SECRETARY OF STATE
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MIKE MEDIEZ at (813) 355-7384 Name of Person at (813) 355-7384 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount: \$\Begin{array}{c} \$25.00 \text{ Filing Fee} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Taltahassee, 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

MM CORPORATE HOUSING LLC The Articles of Organization for this Limited Liability Company were filed on Jows 10, 2010 Florida document number <u>L10000062059</u>. 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4516 W. KNOX ST. 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

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
NOKIM DWNER	LUIS A. MENISEZ	4516 W. KNOX ST.	X Add
		Tramps, Fl. 33614	Remove
			Add
			Kelilove
			Add
			Add
			AddRemove
			Add ☐Remove
D. If amendi	ing any other information, enter change((s) here: (Attach additional sheets, if necesso	ıry.)
			
			SEC SEC
			DEC 2
 -			SER OF IT
Dated	117/10	·	PM 3: 49 OF STATE FLORID
	AAS .		70 m
		or authorized representative of a member	
•		r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00