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SECRETARY OF STATE DIVISION OF CORPORATIONS

NUE 1 1 2014
J. HARRIS

COVER LETTER

Division of Corporations
SUBJECT: M&M Real Estate Transaction 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:
Mitchell Liss Name of Person
M&MReal Estate Transaction LLC
1201 South 13th Avenue
Hollywood, F1 33019 City/State and Zip Code
Lisse Bellsouth.net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mitchell Liss Name of Person at (786) 286-9278 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$}\$

MAILING ADDRESS:

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

M& M Keal Este	ate Transaction LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab	0.0.1.1.000	$\mathcal{L}_{\text{and ass}}$	signed
Florida document numberL OOO		_	Ü
This amendment is submitted to amend the follow	•		
A. If amending name, <u>enter the new name of th</u>	ne limited liability company here:		
, <u> </u>			
The new name must be distinguishable and end with the wo	rds "Limited Liability Company," the designation "LLC" or the abb	reviation "I	L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET .	ADDRESS)		
		7	SIVIC
		AUG	
Enter new mailing address, if applicable:		1	유로프
Mailing address MAY BE A POST OFFICE BO	<u> </u>	79	25 A
		t.	190
		<u>-</u>	<u> </u>
	registered office address on our records, enter th	e name	of the nev
registered agent and/or the new registered offic	<u>e address here</u> :		
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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u> <u>Name</u> **Address Type of Action** Sr. VP Randi Liss □ Remove □ Add _□ Remove □ Add 고 등 □ Remove □ Add □ Remove _□ Add □ Remove

	ending any other information, enter change(s) here: (Attach daditional sheets, if necessary.)
-	· · · · · · · · · · · · · · · · · · ·
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Effect	ive date, if other than the date of filing: (optional)
	ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after e this document is filed by the Florida Department of State)
Dated	august 1, 2014.
	7.
	Much
	Signature of a member or authorized representative of a member
	Mitchell LISS
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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