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Amend

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I ALBRITTON

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	ECT: MMA		Holdings
		Name of Lir	nited Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Regi	stered Office Char	nge and fee(s) are submitted for filing.
Please	return all correspondence cor	cerning this matte	r to the following:
	Miranda Phal Name of Pe		<u> </u>
	MMA Seure Firm/Compa	Holdings	
<del></del>	160 West	Camino	Rol #182
	Buch Rat	m FL 3 Cip Code	3432
E	-mail address: (to be used for	jef. Pla	FGY e gmail. com
	ther information concerning t		
<u></u>	Teff last Name of Person	at ( <sup>2</sup>	Area Code & Daytime Telephone Number
	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the	following amoun	it:
	\$25 Filing Fee		☐ \$55 Filing Fee & Certified Copy

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mma se	cure Holdings UC
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	gility company here:
	~
The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	ري. خ
(Principal office address MUST BE A STREET ADDRESS)	Jettery 1-all
Enter new mailing address, if applicable:	301 SW 18th ST. BOCK RAKEN
(Mailing address MAY BE A POST OFFICE BOX)	Box Octor Ci.
W. W	33432
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent: CW	er Pfaff
New Registered Office Address: 30	21 SW 15th St.
Box4	Riton, Florida
New Registered Agent's Signature, if changing Registered Agents	

No

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 ohligations 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.

MGR - Manager AMBR = Authorized Member **Title** Address Type of Action Managing Mhr. Je A Pfath Same \_\_ Change Managing Miranda PFAFF 140 W. Camino Real Member □ Change □ Add ☐ Remove □ Change □ Remove Change □ ∧dd \_\_\_\_\_ \_ \_\_ \_\_ \_\_ \_\_ \_\_ Change

it amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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an effect <u>ote:</u> If	ive date is listed, the date inserte	the date mus d in this bl		annot be prior to di	1 - 63	(option than 90 days after equirements, this	i <b>nal)</b> filing.) Pursuant to 605 date will not be liste
recor		a delayed	effective da	ne s records.			.m. on the earlie
ited		plad (g					
	,		Signature of a me	ember of authorized	representative of	n member	

Page 3 of 3

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