L120000 30 600

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March 14, 2020

JOHN J MATHISON 13212 CROOKED STICK LANE HOBE SOUND, FL 33455

SUBJECT: M&M RECREATION SERVICES, LLC

Ref. Number: L12000030600

We have received your document for M&M RECREATION SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L18000090143.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 220A00005673

P. Men Deal

Min fertessional services & Hobe Sour LLC

RECEIVED



COVER LETTER

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SUBJECT:/Y	EM RECREATI	on Services L	_ <u></u>
TO: Registration Section Division of Corporations SUBJECT: MEM Relability Services 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: John J MPThisol Name of Person MEM Professional Services LLC			
·		tu to gr	
	. ,	Ų.	
Please return all correspondence	ondence concerning this matter	to the following:	
	TI. T.M.	ヘナノ・・ノ	
	JOHN J MI	Name of Person	
	mem P	Pim/Company	VICES LLC
		t in a company	
	132/2 CRUC	KED STICK LPA	1
		Audress	filing. Dowing: SOUNDE SERVICES LLC VCompany STICK LPUC Address 33455 e and Zip Code CIISOUTH, NET Or future annual report notification) 934 S93-384Z Area Code Daytime Telephone Number 00 Filing Fee & Certificate of Status & Certified Copy itional copy is enclosed) Certified Copy Certificate Copy Certified Copy Certified Copy Certified Copy Certified Copy
	Hobe SounD	FL 33455	
		Associated for filing. Apthisoid Name of Person Professional Services Lice Firm/Company Address Address Address Decitional Sip Code City/State and Zip Code Cod	
	seed Articles of Amendment and fee(s) are submitted for filing. The state of Person MEM Profession Address Hobe Sound F2 33455 City/State and Zip Code January Services Code Janu		
For further information of			
Jala Mai	Thisn:)	951 593-	28 47
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		-	-
	#1/83	•	
Mailing Addres	<u>ss:</u>	Street Address:	
Registration	Section	Registration Sect	ion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

TO ARTICLES OF ORGANIZATION **OF**

MEM KECKEPTION SE	GEVICES LLC	
からかりにて見せられる。 ' (Name of the Limited Liability Compa (A Florida Limited L	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L/2000030600</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil MEMPLESSIONAL SE The new name must be distinguishable and contain the words "Limited Liabil	ility company here: So ND A LICESA LCC lity Company "the designation "I.I.C" or the abbreviation "I.I.C"	
		د.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	13212 SE CROOKER STICK LINN HOLL SOUND FL 33455	<u>-</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new regis	itered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	_
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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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fan effect Note: If	e date, if other than the d ive date is listed, the date must be the date inserted in this bloc t's effective date on the Dep	be specific and cannot be does not meet the	applicable statuto	ing or more than 90 day	(optional) s after filing.) Pursuant to ts, this date will not be	o 605.0207 e listed as (
record s	specifies a delayed effective (date, but not an effe	ective time, at 12:0	l a.m. on the earlier	of: (b) The 90th day	after the
	Feb 18		020			
Dated	<u> </u>					
Dated	Och ON	nothings.	-			
Dated	Feb 18 JOLN J 1	20 Mary Ve ignature of a member	or authorized repres	entative of a member		_