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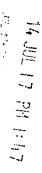
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COVER LETTER

TO:

Registration Section
Division of Corporations

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:MM	E CONSTRUC	tion LLC ed Liability Company	
	7 (1 770 to 227111)		
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	Melinda Gnr	naldi, ESq. Name of Person	
	Law Office	Of Melinda Grim	naldi.
	20900 NE	30th Avenue,	ste.200
	Aventura	FL 3318	O
	Melinda (0) E-mail address: (to	City/State and Zip Code QYIMAId: - IAW .(Decused for future annual report notificat	COM
For further information con	ncerning this matter, please cal	II:	
Melinda G Name of	rimaldi, Esq.	at (454) 491 - 87 Area Code Daytime Te	O 7 Slephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>MME Constructio</u>	nuc			
(Name of the Limited L	y as it now annears on our recerds.) ability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000108062</u> .	were filed on $\frac{10/01/20}{}$	<u> </u>	ssigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi				-
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation '	"L.L.C."	•
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	302 N. Federal Dania, FL 3300			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 326 Dania FL 330	04		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name	of the	e new
Name of New Registered Agent:		•	<u>~</u>	
New Registered Office Address:				, F
	Enter Florida street address	, , ,		
	, Plorida		<u> </u>	<u> </u>
	City	Zip Code	F ,	A.
New Registered Agent's Signature, if changing Registered Agent:			దు	

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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

Itle	Name	Address	Type of Action
	N/A		Add
			□ Remove
			□ Remove
			Add
			D Remove
<u> </u>	**************************************		Add
			Remove
<u></u>			D Add
			Remove
			Remove

D. If amending any other information, enter change(s) here: (Attach o	idditional sheets, if necessary.)
N/A	
	
E. Effective date, if other than the date of filing:	(optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and of the date this document is filed by the Florida Department of State)	annot be more than 90 days after
- 100 1h	•
Dated June 10 14.	
antonia Men	
Signature of a member or authorized represe	ntative of a member
ANTONINO ARCURI	
Typed or printed name of sig	nee

Page 3 of 3

Filing Fee: \$25.00