

213000138369

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : ACMM CONSULTING, INC  
Account Number : I20140000105  
Phone : (786) 420-2541  
Fax Number : (786) 220-6551

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
M&M TECH, LLC

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15 APR 29 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: M&M TECH, 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:

MARCO POSADA

\_\_\_\_\_  
Name of Person

M&M TECH LLC

\_\_\_\_\_  
Firm/Company

11410 NW 67 TERRACE

\_\_\_\_\_  
Address

DORAL, FLORIDA 33178

\_\_\_\_\_  
City/State and Zip Code

MARCOAPOSADA@HOTMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCO POSADA

786 253-2965  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone 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)

**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&amp;M TECH, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 1, 2013 and assigned  
Florida document number L13000138369.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

6420 NW 114 AVE #1307

MIAMI, FLORIDA 33178

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

6420 NW 114 AVE #1307

MIAMI, FLORIDA 33178

**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:

ADRIANA MARQUEZ

New Registered Office Address:

6420 NW 114 AVE #1307

Enter Florida street address

MIAMI

Florida 33178

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	MARCO POSADA	11410 NW 67 TERRACE	<input type="checkbox"/> Add
		DORAL, FLORIDA 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADRIANA MARQUEZ	6420 NW 114 AVE #1307	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

15 APR 28 PM 4:53  
SECSTATE  
TALLAHASSEE FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated APRIL 27

2015

Signature of a member or authorized representative of a member

MARCO POSADA

Typed or printed name of signee