## 140000 87988

(Requestor's Name)	
(Address)	
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
/ M-M-FL-L SUBJECT:			
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DENIS FELDMAN		
		Name of Person	
	M-M-FL-LLC		
		Firm/Company	<del></del>
	101 PLAZA REAUS, AP	T 718	
		Address	
	BOCA RATON, FL 3343.	2	
	matrixguy3113(q gmail.con	City State and Zip Code  1 to be used for future annual report noti	ticatum
For further information e	oncerning this matter, please c	·	ii Canoni
DENIS FELDMAN		561 923-5278	
Name o	l Person	at () Atea Code — Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addres Registration 5		<u>Street Address:</u> Registration Sec	Sion
Division of C	orporations	Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



M-M-FT-LLC

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M-M-1:11.1.C		
( <u>Name of the Limited Liability Compa</u> (A Florida Lumted	inv as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L14000087988}{L14000087988}$ .	were filed on 06/02/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	olity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sweet address	
	, Flor	rida
		· · · · · · · · · · · · · · · · · · ·

## 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>	Type of Action
AMBR	SVETLANA FELDMAN	101 PLAZA REAL S. APT 718	<b>≣</b> Add
		BOCA RATON, FL 33432	□Remove
			□ Change
			□Add
			Remove
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ective date, if other than the c	F late of filing:	EBRUARY 2	5, 2020	(or	tional)	
effective date is listed, the date must	be specific and can			e than 90 days at	ter filing.) Pursuant	
te: If the date inserted in this blo cument's effective date on the De			e statutory ming	requirements, t	nis date will not	oc fisted as
cord specifies a delayed effective s filed.	date, but not an	effective time	, at 12:01 a.m. or	the earlier of:	(b) The 90th da	y after the
ed FEBRUARY 25	2	020				
	· -	<del></del>		falche	•••	

Filing Fee: \$25.00

Typed or printed name of signee