

L14-000174892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

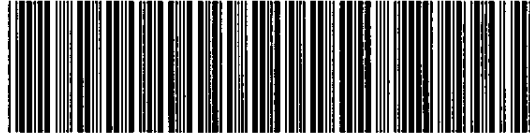
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV 17 PM 1:04

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M & M Production 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:

Irene Cai

Name of Person

Youngmei Corp

Firm/Company

6724 Columbia Ave

Address

Lake Worth, FL, 33467

City/State and Zip Code

youngmeicpa@gmail.com

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

2014 NOV 17 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Irene Cai

561 283-1258

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**

Mre M Production 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 _____ and assigned
Florida document number 14000174892

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Yongmei Cai

New Registered Office Address:

6724 Columbia Ave

Enter Florida street address

Lake Worth

City

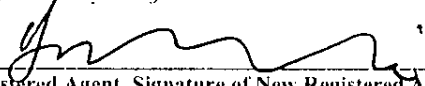
Florida

33467

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 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
AMBR = Authorized Member

Title	Name	Address	Type of Action
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MGR	Chunxia Wang	800 Capri St Apt 202	<input type="checkbox"/> Add
		Coral Gables, FL, 33134	<input checked="" type="checkbox"/> Remove

MGR	Qi Guo	800 Capri St Apt 202	<input checked="" type="checkbox"/> Add
		Coral Gables, FL, 33134	<input type="checkbox"/> Remove

MGR	Gao Ping	13248 Pople Avenue	<input type="checkbox"/> Add
		Flushing, NY, 11355	<input checked="" type="checkbox"/> Remove

MGR	Qiuping Gao	13248 Pople Avenue	<input checked="" type="checkbox"/> Add
		Flushing, NY, 11355	<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11/12 2014

(X) Qiu ping Gao

Signature of a member or authorized representative of a member

Qiu Ping Gao

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA