## L1500002794-8

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## **COVER LETTER**

Division of Cor	porations	•	
M2M IMPO	ORTS AND INNOVATIONS	LLC	·
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARLON ELWIN		<b>.</b>
		Name of Person	
	M2M IMPORTS AND IN	NOVATIONS	
		Firm/Company	•
	348 RIUNITE CIR		
		Address	
	WINTER SPRINGS, FLO	RIDA 32708	
		City/State and Zip Code	
	m2mimportsandinnovations		
	E-mail address: (	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
MARLON ELWIN		407 749-8660 at ( )	
Name o	f Person		Telephone Number
Enclosed is a check for the	he 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

TO:

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

M2M IMPORTS AND INNOVATIONS LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company were Florida document number L15000027948	e filed on February 13, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	TALLAR SES
Enter new mailing address, if applicable:	ASSEE
(Mailing address MAY BE A POST OFFICE BOX)	FSTA 33
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	, 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
AMBR	MARIANNA MOLNAR	348 RIUNITE CIR	
		WINTER SPRINGS, FL 32708	■ Remove
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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of f te: If the date inserted in this block does not meet the applicable statut	
cument's effective date on the Department of State's records.	
regard appoints a delayed effective data but wet as effective	active time at 12,01 a.m. on the saulter
record specifies a delayed effective date, but not an effective date.	ective time, at 12:01 a.m. on the eartier
red 2 ept. 02 , 2019.	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00