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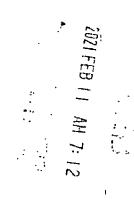
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COVER LETTER

TO: Registration Se Division of Cor				
	ny Services LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Jennifer R. Christiansen			
		Name of Person		
	Safe Harbour Consulting I.	A.C		
	Firm/Company			
	11420 US Hwy One Suite	147		
		Address		
	North Palm Beach, FL 33-	408		
		City/State and Zip Code		
	cpajen@gmail.com			
		to be used for future annual report not	ilication)	
For further information c	oncerning this matter, please c			
Jennifer R. Christiansen		561 827-1507 at ()		
Name o	f Person	Area Code Daytin	ne 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 (additional copy is enclosed)	☐ \$60,00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	vetion	
Registration Section Division of Corporations		~	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 FEB | | AM MMI Property Services 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 $\frac{03/04/2015}{1}$ Florida document number 1.15000039547 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MMI Enterprises LLC 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) 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: New Registered Office Address: Enter Florida street address

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 = M $AMBR = A$	anager uthorized Member			1
<u>Title</u>	Name	Address	2021 FEB 11 AH 7:12	Type of Action
			Althorna State	□Add
			·	□ Remove
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□Change

2. If antending any other morniation, ent	ter change(s) here: (Attach additional sheets, if necessary.)
	2021 FEB AM 7: 2
	æ ₽: ~'
E. Effective date, if other than the date of fi (If an effective date is listed, the date must be specific Note: If the date inserted in this block does n document's effective date on the Department	c and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b not meet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but record is filed.	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated February 07	2021
	of a member or authorized representative of a member
Signature of	of a member or authorized representative of a member
Michael Igneri	

Typed or printed name of signee