15000089760

Office Use Only



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2019 MAR 12 PM 6: 21 SECRETARY OF STATE

(5.V/C/

COVER LETTER

TO:	Registration So Division of Co					
SUBJEC		vations LLC				
SUBJEC		Name of Lin	nited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Mario Lugo				
		MLM Innovations LLC	Name of Person			
			Firm/Company		~1	
		2162 Lakeshore circle	r into company		2019 MAR 12 SECRETAR IALLAHASS	
			Address		R TALL	<u></u>
		Port Charlotte FI 33952				0371
acualugo@yahoo.com			City/State and Zip Code		PH 6: 2 OF STATE CLET OPE	
		E-mail address: (to be used for future annual report noti	fication)		
For furth	er information o	concerning this matter, please c	all:			
Mario L	ugo		863 2448174			
	Name o	of Person		e Telephone Number		
Enclosed	l is a check for t	he following amount:				
\$25.	00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	
	Regist	JNG ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n		

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassec, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MLM Innovations LLC		
(<u>Name of the Limited Lia</u> (A Flor	bility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L15000089760	y Company were filed on	Nay 15 2015 and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation	on "LLC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	PARON PROVINCE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 6: 21
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida stree	t address
		, Florida
-	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>	Type of Action
AMBR	Mario LUgo		
			Pemove
			Change
MGR	Andrea Manriquez		Add
			
			Remove
		*	hange A
MGR	Macario Lugo		hange AND
			SO Figure 2
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lf an e <u>Note:</u>	tive date, if other than the date of filing:		
docur		earlie	er of:
ne re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e90th day after the record is filed.		
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Page 3 of 3

Filing Fee: \$25.00