

215000170164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900291977399

11/04/16--01012--006 **25.00

FILED
2016 NOV -4 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
NOV -7 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M & M CONSULTING, 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:

MANUEL OCASIO

Name of Person

M & M CONSULTING, LLC

Firm/Company

3312 RODRICK CIR

Address

ORLANDO, FL 32824

City/State and Zip Code

MANUEL.OCASIO@REAGAN.COM

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

For further information concerning this matter, please call:

MANUEL OCASIO at (479) 221-8778
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**

M & M CONSULTING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2016 NOV -4 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10-06-15 and assigned
Florida document number L15000170164.

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 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: MARITZA VASQUEZ

New Registered Office Address: 3312 RODRICK CIR.

Enter Florida street address

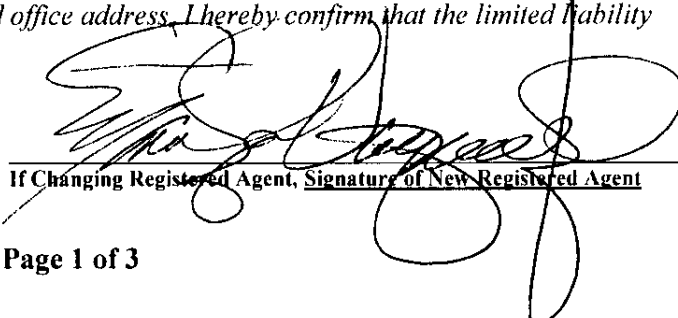
ORLANDO, Florida 32824

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>	<u>Type of Action</u>
MGRM	MANUEL OCASIO	3312 RODRICK CIR ORLANDO,	☐ Add
			☐ Remove
			☐ Change
MGRM	MARITZA VASQUEZ	3312 RODRICK CIR ORLANDO,	☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2016 NOV 14 AM 11:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
☐ Remove
☐ Change
☐ Add
☐ Remove

FILED

2019 NOV
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 NOV - 4 AM 11:46
SECRETARY OF STATE
TREASURER
FLOOR

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 10/31/2016, _____

Typed or printed name of signee