L16000 128918

(Requestor's Name)				
(Address)				
(,				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Codificat Coning				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
5				
·				

Office Use Only



300325099913

02/28/19--01021--018 **80.00

REMAIN - 6 Pri 4: 35

MAR CT 2019

CHAMAIR

CHAMAIR

COVER LETTER

	egistration Sec vision of Corp						
CUBIECT		e Solutions, LLC					
SUBJECT	·	Name of Limited Liability Company					
The enclose	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.	F			
Please retui	m all correspon	dence concerning this matter	to the following:				
		Marcello Salvo					
			Name of Person				
		M & N Home Solutions, L	rc -				
			Firm/Company				
		4107 Tuscany Way					
			Address				
		Boynton Beach, Fl 33435	;				
			City/State and Zip Code				
		MAN LLC ® E-mail address: (to he used for future annual report notific	ation)			
For further	information co	ncerning this matter, please co	all:				
Marcello S	SAlvo		561 767-7148 at ()				
	Name of	Person		elephone Number			
Enclosed is	s a check for the	e 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 ARTICLES OF ORGANIZATION OF.

•		10	
AI	RTICLES OF	ORGANIZATION	
		OF.	
	•		3. 7
M & N Home Solutions, LLC			records.)
(Name of the L	imited Liability Con	npany as it now appears on our ed Liability Company)	records.)
	(A Florida Limite	ed Liability Company)	4.
The Articles of Organization for this Limited	d Liability Compa	ny 1100 5104 - June 28 20	na 😘 😘
Florida document number L16000128918	з глаотку сотра	my were fried on	and assigned
Florida document number			
This amendment is submitted to amend the f	ollowing.		
	_		
A. If amending name, enter the new name	e of the limited li:	ability company here:	
			NM&M Solu
The new name must be distinguishable and contain the	e words "Limited Liz	shifty Company" the decimation	/ / / 7 / 38:10
			or the abbreviation "L.L.C."
Enter new principal offices address, if app		N/A	
(Principal office address MUST BE A STR	EET ADDRESS)		-
		<u> </u>	
Enter non-mailine aller or		NUA	
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFIC	E BOX)		
			
B. If amending the registered agent an registered agent and/or the new registered	d/or registered	office address on our ro	ovede automatical
egistered agent and/or the new registered	office address he	ere:	corus, enter the name of the
- Land of the new registered			
Leave and of the new registered			
Name of New Registered Agent:	N/A		
- Legisterea			
Name of New Registered Agent:	N/A	Enter Florida street a	ddress
Name of New Registered Agent:	N/A		
Name of New Registered Agent:	N/A		ddress _, Florida Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with ti 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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Owner/	Marcello Salvo	4107 Tuscany Way	X Add
president		Boynton Bch 7/ 33426	Remove
		 	Change
			🗅 Add
			Remove
			Change
			🗆 Add
			Remove
			Change
			□ Add
			Remove
			Change
			Add
			Remove
			🗅 Change
			Remove
			Change

. `	
	
	 -
	
February 22, 2019	
(If an effective date is listed, the date most be specific and grant be a list of the date most be specific and grant be a list of the date most be specific and grant be a list of the date most be specific and grant be a list of the date most be specific and grant be a list of the date most be specific and grant be a list of the date most be specific and grant be a list of the date most be specific and grant be a list of the date most be specific and grant be a list of the date most be specific and grant be a list of the date most be specific and grant be a list of the date most be specific and grant be a list of the date most be specific and grant be a list of the date most be specific and grant be a list of the date most be specific and grant be a list of the date most be specific and grant be a list of the date most be specific and grant be a list of the date most be specific and grant be a list of the date most be specific.	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	605.0207 (3 listed as the
the record specifies a doloyed asset to the	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the each). The 90th day after the record is filed.	rlier of:
Dated	
Signature of a member or authorized representative of a member	
Marcello Salvo Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00