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TO: Registration Se Division of Cor		* * * * * * * * * * * * * * * * * * *			
MMDE GR SUBJECT:	OUP. LLC				
	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:			
	MENDEZ, JORGE				
		Name of Person			
		Firm/Company			
	8088 LAUREATE BLVD	, ,			
		Address			
	ORLANDO, FL 32827				
	mmdlgroup@gmail.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notificati	on)	20:	
For further information c	oncerning this matter, please c	all:	<u> </u>	20 SE	12 8387 Ú
MENDEZ, JORGE		321 402-3113 at ()		₽ 28	17 IA 8 4153
Name o	f Person	Area Code Daytime Tel	ephone Number	2020 SEP 28 PM 7: 3	
Enclosed is a check for the	he following amount:		<u>.</u>	7:37	گھيب _ا ن ا
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing I Certificate of Certified Copy (additional copy i	Fee, Status & Y	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MMDL GROUP, 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 $\frac{08/22/2016}{1}$ and assigned Florida document number ______116000156495 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 "LLC." 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 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
MGR	MARVIC MENDEZ	14826 BEATON ALLEY	■Add
		ORLANDO, FL 32827	□Remove
			□Change
MGR	OTTO LEAL	14830 BEATON ALLEY	= Add
		ORLANDO, FL 32827	□Remove
			□Change
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	date of filing or more than ale statutory filing requi	(optional) 90 days after filing.) Pu rements, this date wil	rsuant to 60 I not be lis	5.0207 sted as
record specifies a delayed effective date, but not an effective time d is filed.	e, at 12:01 a.m. on the e	earlier of: (b) The 90	Oth day aft	er the
Dated September 21 2020	_·			
Signature of a member of authorit	ized representative of a mo	ember		
The state of the s				

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Filing Fee: \$25.00