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Certified Copies	_ Certificates	of Status
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Office Use Only



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COVER LETTER

TO:	Registration Sec Division of Corp					,	,		
SUBJE	CT:	MMOL	Group Name of Lim	LLC ited Liability Con	прапу		·		
The end	closed Articles of A	Amendment	and fee(s) are sub	mitted for filing					
Please	return all correspon	dence conce	erning this matter	to the following	.:				
			Jorge	Mame of P	der				
			MMDL	Firm/Com	ipany	c		~ .	
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			Orlando	City/State and	3 38 2	27	(A)	14 PM 3:06	
			mmdlar E-mail address: (STATE	3: 06	Ü
For fur	ther information co	ncerning thi	is matter, please c	all:					
Jī	X SC Name of	<u>O</u> VO Person	OZ	at (<u>32</u> Area (Code D	OZ 3112 aytime Telephor	<u>}</u> ne Number		
Enclose	ed is a check for the	e following	amount:						
SJ \$2	5.00 Filing Fee		Filing Fee & ficate of Status	□ \$55.00 Fi Certified (additional			\$60.00 Filing Certificate o Certified Co (additional cop.	f Status py	
	Mailing Address Registration S				Street Addre Registration				
	Division of Co	orporation	S		Division of	Corporation			
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P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny 1k it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number L160015640	were filed on 8/27/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	S. S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DEC IL PH 3: 06
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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 **Type of Action** Address Title <u>Name</u> MGR Otto Leal 14830 Beaton Alley Orlando, Fl 32827 PRemove ______ Change Change □ Change _____ 🗆 Add □Remove ☐ Change ____ □Add _____ 🗀 Add Remove

_____ Change

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ffective date is list. If the date in:	other than the costed, the date must serted in this bloom e date on the Dep	be specific and c ck does not me	annot be prior to et the applicat	date of tiling o	r more than 90	days after filing	e.) Pursuant	to 605 be list
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1 Novem	ber 16th		2020	<u>l</u> .				
		_	JANA AH					

Filing Fee: \$25.00