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Special Instructions to	Filing Officer:	

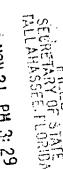
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COVER LETTER

Division of Cor				
	ENTERPRISES LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	Ido Stern			
		Name of Person	-	
	Stern Zwelling, LLC			
		Firm/Company .		
		Address		= 12
	Boca Raton, FL 33433			16 HOV
		City/State and Zip Code		27
	stern@szcounsel.com	to be used for future annual report notific	cation)	PH
For further information of	concerning this matter, please co	·	<i>cattory</i>	16 HOV 21 PH 3: 29
Ido Stern		561 609-3556		9
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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 St Certified Copy (additional copy is of	atus &
	JNG ADDRESS:	STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&M-FL ENTERPRISES LLC

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000178019	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L,L,C,"
Enter new principal offices address, if applicable:	9475 EQUUS CIR	
(Principal office address MUST BE A STREET ADDRESS)	BOYNTON BEACH FL 33472	
Enter new mailing address, if applicable:	9475 EQUUS CIR	TALLARE NOV
(Mailing address MAY BE A POST OFFICE BOX)	BOYNTON BEACH FL 33472	2 62
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the ne
Name of New Registered Agent:	1	
New Registered Office Address:	Enter Florida street address	
	, Florida	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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			□ Remove
			Change
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Page 3 of 3

Filing Fee: \$25.00