117000052809

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COVER LETTER

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SUBJECT:		TRACTORS FLORIDA LLC	:	
SOBOLE I.	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspon	ndence concerning this matter	to the following:	
		HOLLMAN MATOS		
			Name of Person	
		M&M CONTRACTORS I	FLORIDA LLC	
			Firm/Company	
		1227 S. DIXIE HWY W. 2	205	
		· · · · · · · · · · · · · · · · · · ·	Address	
		POMPANO BEACH FLO	RIDA 33060	
			City/State and Zip Code	
		contractors@mercadeog.co		
			to be used for future annual report notif	fication)
For further i	nformation co	oncerning this matter, please ca	all:	
HOLLMAN			954 4783046 at ()	
	Name of	Person	Area Code Daytimo	e Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 1	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	CONTR	ACTORS	FLORIDA	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 MARCH 7, 2017 and assigned Florida document number L17000052809 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: M&M SOLUTIONS FLORIDA LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1227 S. DIXIE HWY W. 205 Enter new principal offices address, if applicable: POMPANO BEACH FLORIDA 33060 (Principal office address MUST BE A STREET ADDRESS) 11359 NW 83 WAY DORAL FL 33178 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: RIGOBERTO MORENO Name of New Registered Agent: 1227 S. DIXIE HWY W. 205 New Registered Office Address: Enter Florida street address POMPANO BEACH

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 limbility company has been notified in writing of this change.

If Changing Registered Agent, Signature of New R

Page 1 of 3

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

 Title
 Name
 Address
 Type of Action

 Add
 Remove

 Change
 Add

 Change
 Add

 Change
 Add

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Remove
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□ Remove
Change
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 SECRETARY OF STAFF

	NS FLORIDA LLC.				
					
					
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fective date, if other than to neffective date is listed, the date interest in this cument's effective date on the	block does not meet the	applicable statutory fi	(option more than 90 days after the filing requirements, this	ional) r filing.) Pursuant to 605.0 is date will not be listed)207 (3)(t I as the
record specifies a delay The 90th day after the re		ut not an effectiv	e time, at 12:01	a.m. on the earlie	r of:
	2017		1.11		
APRIL 28	=		// / / / / / / / / / / / / / / / / / /		
ted APRIL 28) (2.			ALCA ALCA	ء آھ

Page 3 of 3

Filing Fee: \$25.00