## 

(Re	equestor's Name)	
(Ad	ldress)	
(Ād	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





11/15/17--01021--016 \*\*25.00



## **COVER LETTER**

Division of Cor		is a second	
MMBP S	SOFTWARE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARSHA SIHA		
		Name of Person	
	INCFILE.COM LLC		
		Firm/Company	
	17350 STATE HWY	249 SUITE 220	
		Address	
	HOUSTON TX 7706		
	MARSHA@INCFILE	City/State and Zip Code	
		to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
MARSHA SIHA		888 462-3453	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	ha fallanging amount		
S25.00 Filing Fee	\$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
<b>2</b> 020,001 ming 1 cc	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURI	
Divisio	ration Section on of Corporations lox 6327	Registration Section Division of Corpor Clifton Building	n ations

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MMBP SOFTWARE, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.)	
(A Fronda Brities	Emonty Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/08/2017	and assigned
Florida document number L17000101056		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The first the tree first the tree tree tree tree tree tree tree		
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or th	e abbreviation "L.L.C."
•		
Enter new principal offices address, if applicable:	798 SW 9th Ave	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33486	2.4
		1. SE
		<b>全</b> 落 <b>≋</b>
Enter new mailing address, if applicable:	798 SW 9th Ave	N. N. S. Y.
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33486	55 5
Thraining maness MAT DE AT OST OFFICE BOM		7 3 2
		100
B. If amending the registered agent and/or registered o	ffice address on our records ente	r the name of the new
registered agent and/or the new registered office address her		
	_	
Name of New Registered Agent:		
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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
<del></del>	***************************************		□ Add
			Remove
			Add
			□ Remove
		<del></del>	
			Add
			Remove
			□ Remove
			Add
			Remove

D. If amending any other information, enter of ARTICLE IV MEMBER BRIAN F	change(s) here: (Attach additional sheets, if necessary.) PATRICK ADDRESS IS		
798 SW 9th Ave Boca Raton, Fl		_	
730 GW GIT AVE BOSE NEIGHT		_	
		_	
E. Effective date, if other than the date of filin (The effective date must be specific, cannot be prior to d the date this document is filed by the Florida Departme	ate of receipt or filed date and cannot be more than 90 days after	-	
Dated	2017		
BRIAN PATRICK - AMBR			
Signature of a	member of authorized representative of a member		
	ped or printed name of signee	TASE 17	
		NOV	
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	ب بر نئ	_ <b></b>	****
	ORID	31VIE	

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Filing Fee: \$25.00