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COVER LETTER

TO: Registration Se Division of Cor		
SUBJECT: M	M Home Services and Solutions LL	(
	Amendment and fee(s) are submitted for filing ondence concerning this matter to the following. Mix Higgs (Comultic)	
	Address & CO	
For further information co	City/State and Zip Code GMCu1. Com City/State and Zip Code GMCu1. Com E-mail address: (to be used for future annual report notification) Concerning this matter, please call:	
	Person Area Code Daytime Telephone Number	
Enclosed is a check for the	e following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M & M Home Services	and Solutions LL	<u>C</u>
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000 210912</u>	were filed on Oct 11, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L L.C."
Enter new principal offices address, if applicable:	2180 SW 3151 Av	
(Principal office address MUST BE A STREET ADDRESS)	fort Lauderstile Pi	and assigned bbreviation "L L.C." 333/2 333/2 333/2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2180 SW 31 ST A Fort Landerdale Fl	, , , , , , , , , , , , , , , , , , ,
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	ffice address on our records, <u>enter</u> <u>e</u> :	the name of the new
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	rmer Piorida street address	
	Florida	7. 7. 1
New Registered Agent's Signature of share in Decision I A	vay.	гір Соде

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		2180 sw 31st Are Fost Landerdale FL	C Remove
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Effective date, if other than the d If an effective date is listed, the date must l	late of filing:	or ha create to date o	C G limit on a market	(optiona	d)		
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet ti	he applicable stat	utory filing requir	ements, this da	te will	not be li	isted as
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ne record specifies a delayed	effective date,	but not an ef	fective time, a	t 12:01 a.m	. on	the ear	lier o
The 90th day after the recor	ra is filea.						
Dated							
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S	ignature of a member	л ог ашбюплед гер	resentative of a men	iber			

Page 3 of 3

Filing Fee: \$25.00