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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
MM3 LLC			
SUBJECT:			<u> </u>
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mikhail Margitich		
		Name of Person	
	MM3 LLC		
		Firm/Company	
	3351 ELIAS CIR		
		Address	
	North Port, FL 34288		
	mikzta@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	lification)
For further information of	oncerning this matter, please ca	all:	
Mikhail Margitich		941 258-7332	
Name of Person		at () Area Code Daytii	ne Telephone Number
Enclosed is a check for the	he following amount:		
X \$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 Status & Certified Copy (additional copy is enclosed)
Mailing Address		<u>Street Address:</u> Registration S	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 6327		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MM3 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF STATE
TALLAHASSEF as Figured The Articles of Organization for this Limited Liability Company were filed on ______ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." MMB LLC Enter new principal offices address, if applicable: 1235 Wise Dr. (Principal office address MUST BE A STREET ADDRESS) North Port FL 34286 MM3 LLC Enter new mailing address, if applicable: 1235 Wise Dr. (Mailing address MAY BE A POST OFFICE BOX) North Port FL 34286 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: Name of New Registered Agent: 1235 Wise Dr.

Emer Florida street address

North Port Florida 34286

City Zip Code New Registered Office Address:

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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change

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(If an effer Note: I	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Feb. 10 2022
	Signature of a member or authorized representative of a member
	Agnesa Maraitich