L18000129762

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COVER LETTER

	gistration Se vision of Cor					
The enclose	M&M Impe	x LLC				
			ited Liability Company			
Please retur	d Articles of .	Amendment and fee(s) are sub	mitted for filing.			
	n all correspo	ndence concerning this matter	to the following:			
		Mahmood Alam				
			Name of Person			
		M&M Impex LLC				
			Firm/Company			
		8054 Ludington Circle				
			Address			
		Orlando, FL 32836				
		sma442@hotmail.com	City/State and Zip Code			
			to be used for future annual report notifi	ication)		
For further i	nformation co	oncerning this matter, please ca	all:			
Mahmood A	Mam		321 440-6787			
	Name of	Person	at ()	Telephone Number		
Enclosed is	a check for th	e following amount:				
■ \$25,00 l	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 Stellas & 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

M&M Implex LLC			
(Name of the Limited Liability C (A Florida Li	Company as it now appea mited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Con Florida document number 1.18000129762	npany were filed on 5/	24/18 and assigne	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company h	ere:	
The new name must be distinguishable and contain the words "Limited	d Liability Company." the o	lesignation "LLC" or the abbreviatio ("L.C.)	
Enter new principal offices address, if applicable:	8054 Ludington		<u>.</u>
(Principal office address MUST BE A STREET ADDRES	SS) Orlando, FL 32	836	SES SIS
			<u>로</u> ≍
Enter new mailing address, if applicable:	8054 Ludington	i Circle	1800 A
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres Name of New Registered Agent:		our records, <u>enter the name of t</u>	the ne
New Registered Office Address: 8054 Lud	lington Circle		
New Negistered Office Address.	Enter Flo	rida street address	
Ortando		, Florida 32836 Zip Code	
	City	Ziy Code	

Thereby 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 s 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
MGR	Mahmood Alam	8054 Ludington Circle	■ Ac.
		Orlando, FI, 32836	□ Remove
			Change
MGR	Bilal Siddiqui	8054 Ludington Circle	
		Orlando, Fl., 32836	□ Remove
			Change
	-		Add
			□ Remove
			
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Signature of a member or authorized representative of a member	re The	/ / / / //	
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