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COVER LETTER

	tration Section of Corporation						
CHRIECE N	M&M Wynwo	od, LLC					
SUBJECT: Name of Limited Liability Company							
The enclosed A	Articles of An	nendment and fee(s) are subt	mitted for filing.				
Please return a	II correspond	ence concerning this matter	to the following:				
		Rey J. Rubio					
		 	Name of Person				
		M&M Wynwood, LLC					
			Firm/Company				
		728 NW 29th Street					
			Address				
		Miami, Florida 33127					
		mepgrouprjr@gmail.com	City/State and Zip Code				
		E-mail address: (t	to be used for future annual rep	ort notification)			
For further info	ormation con	cerning this matter, please ca	ıll:				
Rey J. Rubio			305 218-1				
	Name of Po	erson	Area Code	Daytime Telephone Number			
Enclosed is a c	check for the f	following amount:					
□ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Status &		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

TO:

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

FILED
18 SEP 26 AM 12.
SECRETARIASSEE, FLORIDA

M&M Wynwood, 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 Li Florida document number <u>L18000131210</u>	ability Company were	filed on 05/25/18	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability	company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Co	mpany," the designation "	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if application	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office	address on our rec	ords, enter the name of the new
Name of New Registered Agent:	Felicia Rubio	.,	
New Registered Office Address:	New Registered Office Address: 717 Ponce de Leon Blvd., Suite 309A Enter Florida street address		
	Coral Gables		, Florida <u>33134</u>
	(Лу	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 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
MGR	Rey J. Rubio	717 Ponce de Leon Blvd. Suite 309A Coral Gables Florida 33134	Add
			□ Remove
			Change
			□ Add
			□ Remove
			Сһалде
			Add
			Remove
			SE 26 AM 12:
			112: #0
			☐ Change
			
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			☐ Change

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(II an) <u>Note</u>	ctive date, if other than the date of filing: August 1, 2018 (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(be: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the innent's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	d .
,,,,,,,,	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Rey J. Rubio

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00