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COVER LETTER

Division of C	orporations		
M&M W SUBJECT:	YNWOOD, LLC		
7CD/1.51.	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	MARA VARGAS		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	M&M WYNWOOD, LLC		
		Firm/Company	
	6334 NW 99TH AVE		
		Address	
	DORAL, FL 33178		
	inversionesmiami18@gmai	City/State and Zip Code	
	• •	to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
MARA VARGAS		786 731-0989	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$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 tadditional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&M WYNWOOD, LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our record- ted Liability Company)	<u>~</u>)
The Articles of Organization for this Limited Liability Comp. Florida document number L18000131210	any were filed on <u>05/25/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	for the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:	6334 NW 99TH AVE	
Mailing address MAY BE A POST OFFICE BOX)	DORAL, FL 33178	
		ಕ್ಷಾಗ್ ಹಿ
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be	d office address on our records here:	. enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	5
	City	rridaZip 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 of 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	728 NW 29TH STREET	Add
		DORAL, FL 33127	
			Remove
			Change
			□ Remove
	•		Change
			Remove
			Ghange;
			Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change

		-
<u></u>		
Effective date, if other than the date of (If an effective date is listed, the date must be speci	09/27/2018 filing: tic and cannot be prior to date of filing or more than	(optional) 190 days after filing.) Pursuant to 605,0207 (3)0
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requi	rements, this date will not be listed as the
the record specifies a delayed effect) The 90th day after the record is f		at 12:01 a.m. on the earlier of:
Dated SEPTEMBER 27	2018	
Man Voyas		78. 18
Siguriun MARA VARGAS	of a member or authorized representative of a me	27 C
	Typed or printed name of signee	
	Page 3 of 3	ED PM IZ: 4:3

Filing Fee: \$25.00