

L19000029145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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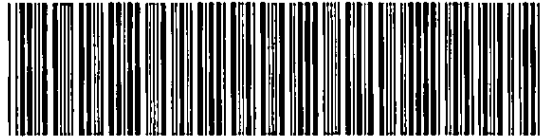
(Business Entity Name)

(Document Number)

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2019 FEB 14 PM 12:31

STATE OF FLORIDA
TALLAHASSEE, FL

R. WHITE

FEB 19 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MBM solutions L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Miranda Harrington
Name of Person

MBM solutions L.L.C.
Firm/Company

14391 Spring Hill Dr. #139
Address

Spring Hill FL 34169
City/State and Zip Code

mandy.directSales@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miranda Harrington at (813) 370-2724
Name of Person 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
(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, FL 32301

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

FILED

MBM Solutions L.L.C.

2019 FEB 14 PM 12:31

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01-31-19 and assigned
Florida document number L19000029145

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

365 Kelly Plantation Dr.
Destin FL 32541

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14391 Spring Hill Dr #139
Spring Hill FL 34609

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:

Miranda Harrington

New Registered Office Address:

14391 Spring Hill Dr. #139

Enter Florida street address

Spring Hill

City

Florida

Zip Code

34609

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.

Miranda Harrington

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>	<u>Type of Action</u>
MGR	Miranda Harrington	365 Kelly Plantation Dr	<input checked="" type="checkbox"/> Add
		Destin FL 32541	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MNG	William Bowland JR	365 Kelly Plantation	<input checked="" type="checkbox"/> Add
		Drive Destin FL 32541	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MNG	Bowland William JR	14391 Spring Hill Dr. #139	<input checked="" type="checkbox"/> Add
		Spring Hill FL 34609	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I need to change LLC to 365 Kelly
Plantation Dr. Destin FL 32541

I Also need to change Bowland William
JR to William Bowland JR.

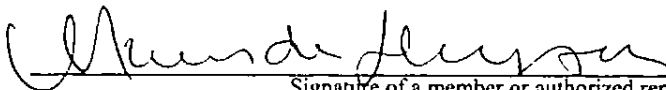
E. Effective date, if other than the date of filing: _____ (optional)

(If an 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____, _____.



Signature of a member or authorized representative of a member

Miranda Harrington

Typed or printed name of signee