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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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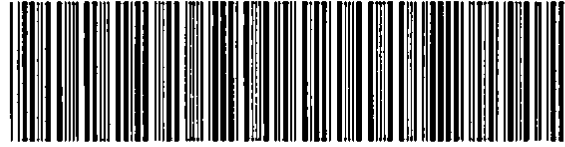
(Business Entity Name)

(Document Number)

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20191 0-2 PM 4:29

R. WHITE
JAN 09 2020

COVER LETTER

**O: Registration Section
Division of Corporations**

SUBJECT: M&R SALES, SERVICES & CONSULTING LLC

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:

MARY E. STOCKWELL

Name of Person

M&R SALES, SERVICES & CONSULTING LLC

Firm/Company

333 COLONY BLVD, SUITE 128

Address

THE VILLAGES, FL 32162

City/State and Zip Code

stangdeadpedals@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Stockwell

314

807-2737

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

M&R SALES, SERVICES & CONSULTING, LLC

2019-05-2 PM 4:29

(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 Liability Company were filed on 05/15/2019 and assigned
Florida document number L19000131257.

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."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

New Registered Office Address: _____

333 COLONY BLVD, SUITE 128

Enter Florida street address

THE VILLAGES

Florida 32162

City

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
r removed from our records:

IGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
1. The first action is to identify the problem.	John Doe	123 Main St, New York, NY 10001	Problem Identification
2. The second action is to analyze the problem.	Jane Smith	456 Elm St, Los Angeles, CA 90001	Problem Analysis
3. The third action is to develop a solution.	Bob Johnson	789 Oak St, Chicago, IL 60601	Solution Development
4. The fourth action is to implement the solution.	Alice Brown	101 Pine St, San Francisco, CA 94101	Solution Implementation
5. The fifth action is to evaluate the results.	Charlie Davis	202 Cedar St, Boston, MA 02101	Results Evaluation

_____ ☐ Add

[Remove](#)

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

I NEED ONLY TO CORRECT THE MAILING ADDRESS OF THE REGISTERED AGENT AS NOTED

ON PAGE 1. ALL OTHER INFORMATION REMAINS THE SAME.

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 November 25, 2019



Signature of a member or authorized representative of a member

MARY E. STOCKWELL

Typed or printed name of signee