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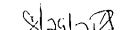
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COVER LETTER

TO: Registration Section Division of Corporations	s ·
SUBJECT: M & M	SDICE COLEVING LLC Name of Limited Liability Company
The enclosed Articles of Amendan	ent and fee(s) are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
	UCONIG Irving Englam Name of Poson
	Firm/Company
_16	088 Lemon Ave
\ <i>`</i>	Vinter Haven Fl 33881 City/State and Zip Code
__	Cona. Trying a valvo. Com E-mail address: (to be used forfuture amoual report notification)
For further information concerning	this matter, please call:
MICONIA 1 En	at (863) 595-7582 Area Code Daytime Telephone Number
Enclosed is a check for the followi	ng amount:
	0.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
5	Division of Comparations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

(Name of the United Liability (A Florida I.i	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L 19000196 4 33</u> .	npany were filed on 8 1 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited The Level August Contain the words "Limited The new name must be distinguishable and contain the words "Limited The new name must be distinguishable and contain the words "Limited The new name must be distinguishable and contain the words "Limited The new name of the limited The ne	d liability company here: A L L C d Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE)	1688 Lemon Ave Winter Haven Fl 33881
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address: 16	Conia Irving Engram 88 Lemon Ave
Wir	Emer Florida street address 11-11 Have N Florida FL 33881 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

O. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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Note:	ive date, if other than the date of filing:
f the recorecord is fi	d 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 led.
Dated	
	LUCONIG I (1) 109 ENGIGM Signature of a member or authorized regresentative of a member LUCONIG I (VI) ENGIGM Typedfor printed name of signere
	Wegia Irving Englan