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#### COVER LETTER

TO: Registration Section **Division of Corporations** M & M SERVICES OF PONCE INLET LLC SUBJECT: 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: SUSAN MENDIETA Name of Person M & M SERVICES OF PONCE INLET LLC Firm/Company 4767 S ATLANTIC AVE UNIT 204 Address PONCE INLET, FL 32127 City/State and Zip Code mendietasusy18@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SUSAN MENDIETA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address:

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 Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L19000268485	were filed on 10/25/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company bere:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5.00 <b>2</b>
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		DRI 50
Maning address MAT BE A FOST OFFICE BOX	<u></u>	<del>- 5</del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new reg
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	rinier i tortaa street addres	S .
		orida Zip Code
	City	г.ф Соде

#### New Registered Agent's Signature, if changing Registered Agent:

M & M CEDVICES OF DONCE INLET 11 C

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	SUSAN MENDIETA	4767 S ATLANTIC AVE UNIT 204	<b>=</b> Add
		PONCE INLET, FL 32127	□Remove
			Change
			□Add
			□ Remove
			Change
		<u> </u>	□Add
		□Remove	
			Change
			□Add
		□ Remove	
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			Псь

amending any other inform	ation, enter change(s) here: (Attach additional sheet	ts, if necessary.)
<u></u>		
****		
an effective date is listed, the date m	ust be specific and cannot be prior to date of filing or more than 90 block does not meet the applicable statutory filing requirer Department of State's records.	(optional)  days after filing.) Pursuant to 605.020' nents, this date will not be listed as
record specifies a delayed effect is filed.	ive date, but not an effective time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
ated MAY 28		
	Signature of a member or authorized representative of a memb	
	Signature of a member or authorized representative of a member	oct
SUSAN MENDIETA		
	Typed or printed name of signee	

E. ...



Department of State / Division of Corporations / Search Records / Search by Entity Name /

### **Detail by Entity Name**

Florida Limited Liability Company
M & M SERVICES OF PONCE INLET, LLC

Filing Information

Document Number

L19000268485

FEI/EIN Number

84-4827994

Date Filed

10/25/2019

State

FL

Status

**ACTIVE** 

Principal Address

4767 S ATLANTIC AVE

UNIT 204 1

PONCE INLET, FL 32127

**Mailing Address** 

4767 S ATLANTIC AVE

**UNIT 204** 

PONCE INLET, FL 32127

**Registered Agent Name & Address** 

MENDIETA, SUSAN

4767 S ATLANTIC AVE

**UNIT 204** 

PONCE INLET, FL 32127

Name Changed: 04/30/2021

Authorized Person(s) Detail

Name & Address

Title MGR

MENDIETA, LUIS, MGR 4767 S ATLANTIC AVE UNIT 204 PONCE INLET, FL, FL 32127

#### **Annual Reports**

Report Year	Filed Date
2022	05/01/2022
2023	04/29/2023