

19000305578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

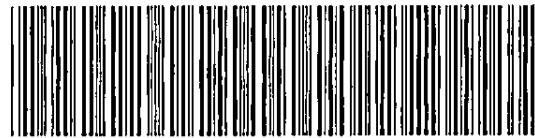
(Business Entity Name)

(Document Number)

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2020 FEB 11 AM 8:51

SECOND DISTRICT  
TALLAHASSEE, FLORIDA  
FILED

Y SULKER  
FEB 11 2020

FILED

2020 FEB 11 AM 8:54

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MMXX Services, 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:

Kelvin Leon

Name of Person

K.L.

Firm/Company

7853 Shoals Dr. Apartment B

Address

Orlando, FL 32817

City/State and Zip Code

mmxx services @ gmail.com

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

For further information concerning this matter, please call:

Kelvin Leon

Name of Person

at ( 407 )

Area Code

369 - 2872

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

MMXX Services, LLC.

(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 12/16/19 and assigned Florida document number L19000305578.

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 "L.L.C."

**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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2020 FEB 11 AM 8:14  
REC'D FLORIDA  
REG'D  
FILED  
KELVIN LEON

**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:

Kelvin Leon

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New Registered Office Address:

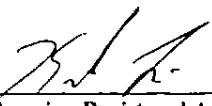
7853 Shoals Dr. Apt B

Enter Florida street address

Orlando, Florida 32817  
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

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>
<u>AP</u>	<u>Alejandra Gomez Flores</u>	<u>7853 Shoals Dr. Apt B</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
		<u>Orlando, FL 32817</u>	
<u>MGR</u>	<u>Kelvin Leon</u>	<u>7853 Shoals Dr. Apt B</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
		<u>Orlando, FL 32817</u>	
<u>President</u>	<u>Kelvin Leon</u>	<u>7853 Shoals Dr. Apt B</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
		<u>Orlando, FL 32817</u>	
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

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 February 11, 2020 / / / /

Signature of a member or authorized representative of a member

Alejandra Conree Flores.  
Typed or printed name of signee