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COVER LETTER

ΓΟ: Registration Sect Division of Corpe		,r	•
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SUBJECT: MX3	Name of tamite	3 Unability Correspond	
	mendment and fee(s) are subm		
Please return all correspon	dence concerning this matter to	the following:	
	Mario Mass	Name of Person	
	MX3 1/0 LLC	Firm/Company	
	3215 Breake	Address	
	Orlando, FL, S	3 <u>2</u> 8 <u>2 5</u> City/State and Zip Code	
	mario Massad E-mail address: (b	32825 City/State and Zip Code Corryll Corr o by Jsed for future annual report notif	leation)
For further information co	oncerning this matter, please ca		
Mario Name o	Massad FPerson	at (Area Code) 626. Daytim	9341 e Telephone Number
Enclosed is a check for the	ne following amount:		
区 \$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 cadditional copy is enclosed)
Mailing Addre Registration Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	rporations
P O Box 63		The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Taliahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MX3 110 LLC		Ž. 2 .	15 54 2: 22
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appear Liability Company)	S on our records.)	. G. C.C.
The Articles of Organization for this Limited Liability Company Florida document number <u> と²⁰⁰00032</u> (を)	were filed on	02/03/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company he	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the d	esignation "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)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our r	ecords, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:		· 	
New Registered Office Address:			
	Enter Flor	ida street address	
	Cuv	Florida _	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

- MGF	t = N	lanager
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_	AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Mario Massad	3215 Breakers Way	□Add
		Orlando FL, 32825	
			∑ Change
.			□Add
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