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Special Instructions to I	Filing Officer:	





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COVER LETTER

Division of Corpor			÷ .		
SUBJECT: <u>MM</u>	Intersto	ed Liability Company			
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.			
Please return all corresponde	nce concerning this matter to	o the following:			
	Migoa	Mendez Fee	mandez		
		Firm/Company			
-	3078 SI	wath Street			
-	Miami	Fl 33135 City/State and Zip Code	<u> </u>		
_	Miguel me E-mill address: (to	endez 60 @ gmay be used for future annual report notifi	cation)		
For further information conce	erning this matter, please cal	1:		₽2 °-	
Miguel M Name of Per	endez Fernand	<u>&Z</u> at (<u>786</u>) <u>448(60)</u> Area Code Daytime	O Telephone Number		-
Enclosed is a check for the fo	llowing amount:				ر. ا ا
€ \$25.00 Filing Fee □	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclose	ا <u>ئۇڭ</u> دى ئۇرۇ دە ي	:

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

MM Inter	state LLC	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our lorida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabil Florida document number <u>L200011252</u>		records.) جن المحادث
This amendment is submitted to amend the following	ាខ្ម:	
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	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
		······································
B. If amending the registered agent and/or registagent and/or the new registered office address ho	tered office address on our records, ere:	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
		Florida
_	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>	Name	Address	Type of Action
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If an effective da <u>Note:</u> If the di	te is listed, the date ate inserted in thi	must be specific and o	et the applicable stat	filing or more than 90 days a	ptional) fter filing.) Pursuant to 605.020 this date will not be listed a
e record specifi rd is filed.	ies a delayed effe	ctive date, but not a	n effective time, at 17	2:01 a.m. on the earlier of	(b) The 90th day after the
Dated	May	26	2020	resentative of a member	
		Mice	In Ferra	nle	
		Signature al a mo	mber or authorized rep	resentative of a member	

Filing Fee: \$25.00