L20000133156

(Re	questor's Name)
(Ad	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Do	ocument Number)
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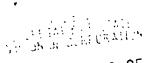
21 AFR 12 AH 10: 35

COVER LETTER

	Registration Se Division of Co				
CHRICA	M&R PPE	LLC			
SUBJEC	.1;	Name of Lin	Name of Limited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Mickell M. John			
			Name of Person		
		M&R PPE LLC			
			Firm/Company		
		1275 CRYSTAL WAY, #	E		
			Address		
		DELRAY BEACH, FL 33	444		
			City/State and Zip Code		
		matthew@abilityhealthand	wellness.com		
		E-mail address: (to be used for future annual report notif	ication)	
For furth	er information c	oncerning this matter, please c	all:		
Matthew	John		561 370-9637		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for the	ne following amount:			
■ \$ 25.0	90 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration S		Street Address: Registration Sec	tion	
Division of Corporations		Division of Corporations			
	P.O. Box 632		The Centre of Ta		
	Tallahaceee 1	F1 32314	2415 N. Monroe	Street Suite 810	

Tallahassee, F1, 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



M&R PPE LLC

21 APR 12 AM 10: 35

(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 05/18/2020 Florida document number _____L20000133156 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 "L.L.C" or the abbreviation "L.L.C." 1275 CRYSTAL WAY, #E Enter new principal offices address, if applicable: DELRAY BEACH, FL 33444 (Principal office address MUST BE A STREET ADDRESS) 1275 CRYSTAL WAY, #E Enter new mailing address, if applicable: DELRAY BEACH, FL 33444 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City 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>

AMBR

MGR

Name

AND AND LOCAL CARLES

_____ □ Add

_____ □Remove

21 APR 12 AM 10: 35 <u>Address</u> **Type of Action** ALLEN, RICHARD R. II 1275 CRYSTAL WAY bb∧□ DELRAY BEACH, FL 33444 _ ≣Remove _____ Change JOHN, MICKELL M 1275 CRYSTAL WAY, #E DELRAY BEACH, FL 33444 ____ □Remove _____

Change ___ □Remove ___ □Add _____ □Remove □Change _____ 🗆 Add _____ □Remove

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fectiv	date, if other than the date of filing: (optional)
	we 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 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cumer	's effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
is tile	
	1 1 1 Th 3021
ned _	Worch 13.
	March 15th . 2021 March 15th Marker D.
	Signature of a member or authorized regresentative of a member

Filing Fee: \$25.00