

L20000 136637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

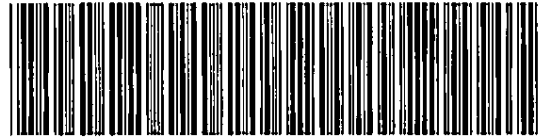
(Business Entity Name)

(Document Number)

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JUN 15 2020

CLERK OF SUPERIOR COURT
JANICE G. GIBSON

2020 JUN 15 PM 12:57

FILED

JUL 18 2020

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M & M LANDVIEW 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:

MONICA LARA GOMEZ

Name of Person

M & M LARA GOMEZ

Firm/Company

4 CEDAR TRACE

Address

OCALA, FL 34472

City/State and Zip Code

monro.montero@gmail.com

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

For further information concerning this matter, please call:

Romulo Montero

352 352-566-8092
at ()

Name of Person

Area Code

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**

M & M LAND VIEW 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 MAY 20, 2020 and assigned
Florida document number L20000136637

FILED
2020 JUN 15 PM 12:58
CLERK OF COUNTY OF DADE
CORPORATE SERVICES SECTION

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

TERESA MELO MEJIA

New Registered Office Address:

Enter Florida street 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MABELLY DIAZ MELO	4 CEDAR TRACE	<input type="checkbox"/> Add
		OCALA, FL 34472	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	EFREN ROA ROA	4 CEDAR TRACE	<input type="checkbox"/> Add
		OCALA FL 34472	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TERESA MELO MEJIA	4 CEDAR TRACE	<input checked="" type="checkbox"/> Add
		OCALA FL 34472	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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