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(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
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(Do	cument Number)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	M & M YA	ITES LLC.	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	micHael + 1	MELISSA YATE S	
		Name of Person	
		Firm/Company	201
		, \	A 150 150 150
	4125 CAE	Address	
	LAKERA	76. 336,	9 PH 2: 15
		City/State and Zip Code	LI S
	E-mail address: (City/State and Zip Code Lystes & 40 (to be used for future annual report notified)	L. Com cation)
For further information of	concerning this matter, please c		
Melissa	YATES	at (263) 559- Area Code Daytime	5118
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:	/	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	\$\$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Sect	ion
ROBISCIACION		Tobletation book	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

The Articles of Organization for this Limited Liability Company were filed on _____________________________ and assigned Florida document number <u>L200002</u> 15487 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 "LLC." 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 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:

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.

City

Enter Florida street address

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
MGR	MICHELLE GNYAES	gozs canonbury Dr. NOLENSVILLE, TN 37135	DAdd
			Remove
			□Change
			□Add
			□ Remove
			□Change
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e: If the date	f other than s listed, the date inserted in thi tive date on th	is block does r	not meet the	e applicable	3/202 ac of filing or statutory fil	omore than 90	(option days after finents, this d	a l) ling.) Pursuan late will not	to 605.026 be listed a
cord specifies s filed.	a delayed effe	etive date, but	t not an eff	ective time,	at 12:01 a.m	, on the earl	ier of: (b)	The 90th da	y after th
ed		Signature	; 						
	101	1 1 M							
		Signature	of a member	r or authorize	d representati	ve of a memb	er		