

L20 000281757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

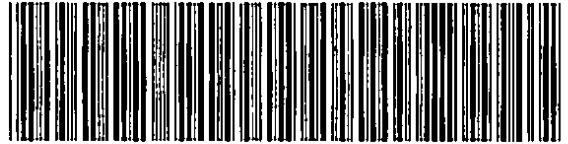
(Document Number)

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2022 JAN 11 AM 10:01  
CLERK OF STATE  
J. G. D.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 9, 2021

MARCIA ROMERO MENA  
5861 HARRIS AVE  
JACKSONVILLE, FL 32211

SUBJECT: M&M THE JAX HANDY REPAIRS LLC  
Ref. Number: L20000281757

We have received your document for M&M THE JAX HANDY REPAIRS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 721A00029631

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** M&M THE JAX HANDYREPAIRS 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:

Marcia Romero Mena

\_\_\_\_\_  
Name of Person

M&M THE JAX HANDYREPAIRS LLC

\_\_\_\_\_  
Firm/Company

5861 Harris Ave

\_\_\_\_\_  
Address

Jacksonville, FL 32211

\_\_\_\_\_  
City/State and Zip Code

marcialmenal@gmail.com

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

For further information concerning this matter, please call:

Oniel Rodriguez

904

3288227

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 THE JAX HANDYREPAIRS 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 September 9 of 2020 and assigned  
Florida document number L20000281757.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

5861 Harris Ave, Jacksonville, FL, 32211

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

5861 Harris Ave, Jacksonville, FL, 32211

**(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:

Marcia Romero Mena

New Registered Office Address:

5861 Harris Ave

Enter Florida street address

Jacksonville

City

Florida

32211

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	MARCIA ROMERO MENA	5861 Harris Ave. Jacksonville, FL. 32211	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ONIEL RODRIGUEZ	4249 AnsonDr. Jacksonville, FL. 32246	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 1<sup>st</sup>, 2021

MARCIA ROMERO MENA.

Typed or printed name of signee