L21000168549

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16.

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	M3E LL Name of Limite	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Kristen N	Name of Person	•
	M3E LL	C Firm/Company	
	9977 500 3	Address	
	Ocala -	F 3 4476 City/State and Zip Code	?
-	M3 E whole	Escle (w a mail	ort notification)
For further information conc	erning this matter, please call	:	
Kristen N	Acaris	at (<u>678) 35 J</u>	7-7403 Daytime Telephone Number
Name of re	rson	Area Code 1	zaydine Telephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 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 radditional 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

M3E LLC	
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{4/12/21}{}$ and assigned
Florida document number <u>L21000168549</u> .	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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	ئے۔ چو
Enter new mailing address, if applicable:	AUS:
(Mailing address MAY BE A POST OFFICE BOX)	<u>о</u>
Muning dualess MAT BEA FOST OFFICE BOA)	
	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, enter the name of the new registere
Name of New Registered Agent:	
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 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>	Address	Type of Action
MGR	Roy Mathis Jr	9977 SW 38th Ave	& Add
		Ocala, F1 3447.6	□Remove
			□Change
		·	□Add
			□Remove
			□Change
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Tective date, if other than the areffective date is listed, the date muter. If the date inserted in this becament's effective date on the E	st be specific and cannot b lock does not meet the	e prior to date of filing applicable statutory	or more than 90 days a filing requirements.	ater filing.) P	tursuant to 605.020 ill not be listed a
ecord specifies a delayed effectivis filed.	ve date, but not an effec	rtive time, at 12:01 a	.m. on the carlier of	(b) The 9	90th day after the
red 8 14 21	. <u></u> .				
	Signature of a member of	ir authorized represent	ative of a member		