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COVER LETTER

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TO:

Registration Section

Division of Cor	porations			
	DLDING, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	KEILA FLORES			
	•	Name of Person		
	ROJAS TAX MULTIPLE	S SERVICES LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	943 SADDLEWOOD BL	VD		
		Address		
	LAKELAND, FL 33809			
	<u></u>	City/State and Zip Code		
	KROJASTAX@GMAIL.	COM to be used for future annual report not	(Continu)	
For further information o	oncerning this matter, please c		incation	
	oncerning this matter, prease e			
KEILA FLORES		at () Area Code Daytime Telephone Number		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S Division of C	Section	Street Address: Registration Se Division of Co		
P.O. Box 632	.7	The Centre of	Γallahassee	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MMR HOLDING, 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 ______ and assigned Florida document number _ L21000323361 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." 310 N ORANGE AVE APT 220 Enter new principal offices address, if applicable: ORLANDO, FL 32801 (Principal office address MUST BE A STREET ADDRESS) 310 N ORANGE AVE APT 220 Enter new mailing address, if applicable: ORLANDO, FL 32801 (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

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

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
•			□Remove
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