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COVER LETTER

TO: Registration Division of C		00 , 2 10 201121			
JMC RE.	AL STATE LLC				
3013EC1	Name of Li	mited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matte	r to the following:			
	JESUS MARTIN				
		Name of Person			
		Finn/Company			
	1900 N BAYSHORE DR	4005			5
		Address		2023	3.4.E
	MIAMI, FL 33132			2023 OCT 1	OLCRETA DIVISION OF
		City/State and Zip Code		17	00.00
	INFO@MORAVELL.CO:			PX	CORPORATI
		to be used for future annual report noti-	fication)	PM 12: 40	
For further information	concerning this matter, please of	all:		٥	15.H.
JESUS MARTIN		954 7086933 at ()			
Name o	of Person		: Telephone Number		
Enclosed is a check for t	he 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 enclose		

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahaceaa El 22214

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMC REAL STATE 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 07/16/2021 _____ and assigned Florida document number ______1.21000324682 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MC FOOD & TECH LLC 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: 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.

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>	Type of Action
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	date of filing or more than the statutory filing requi	(optional) 90 days after filing.) Purst rements, this date will n	unt to 605,020 not be listed a
ecord specifies a delayed effective date, but not an effective time s filed.	e, at 12:01 a.m. on the e	earlier of: (b) The 90th	ı day after th
ted OCT 10 2023	<u>.</u> .		
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Signature of a thember or authorize	zed representative of a me	mber	