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DIVISION OF CORPORATIONS

22 APR - 6 PM 3: 28

T. MATTHEWS APR 22 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	orations		•
SUBJECT: M & L	- SERVICES 1 Name of Lin	LimiTED LIAB	ILTY Company.
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Maor Mei	Conen Name of Person	
	Mål Service	Firm Company	abilty company
	1724 SW 47	1th St, Cape coc	al FL 33914 (339)
		FC 33914 City/State and Zip Code	
	Marcohena E-mail address:	Of anail. com	fication)
For further information co	ncerning this matter, please c	all:	
Muor Col Name of	Person	at (<u>339</u>) <u>788</u> Area Code Daytimo	- 565 6 : Telephone Number
Enclosed is a check for the	following amount:		
₩ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co P.O. Box 6327	ection rporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATION DIVISION-OF CORPORATIONS OF

22 APR -6 PM 3: 28

M& L services 1 Limited	liability Company
(Nume of the Limited Liability Company as	it now appears on our rebords.)
(A Florida Limited Liabilit	ty Company)

		1
		11 21 and assigned
If amending name. enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX; If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		
This amendment is submitted to amend the following	endment is submitted to amend the following: nending name. enter the new name of the limited liability company here: ame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." we principal offices address, if applicable: al office address MUST BE A STREET ADDRESS) we mailing address, if applicable: address MAY BE A POST OFFICE BOX; ending the registered agent and/or registered office address on our records, enter the name of the new registered d/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida sirver address	
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 design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
		····
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	!	
		
B. If amending the registered agent and/or registon agent and/or the new registered office address her	ered office address on our recor e:	ds, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
<u> </u>		, Florida Zup Code
	City	Zıp 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
AMBR	Maor cohen	1724 Sw 47th St. cope	F(. 33914
			□Remove
	change	From MGR TO AME	R Change
			□Remove
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			□Change
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n effec i <mark>te:</mark> Ti	date, if other than the date of filing:)207 d as
cord s file	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
	1/2022	
ied _		
ted _		
ted _	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00