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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : I20060000012 Phone : (305)826-5886 Fax Number : (305)722-0535

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M & M PRODUCTS TRADE LLC

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T. LEMIEUX

MAY 0 9 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

M & M PRODUCTS TRA	DE LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabi	It now appears on ity Company)	our records.)	
The Articles of Organization for this Limited Liability Company wer	e filed on	08/16/2021	and assigned
Florida document numberL21000367548			
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 C	ompany," the design	ation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		_	·- · · · · · · · · · · · · · · · · · ·
		····-	
Enter new mailing address, if applicable:		_ -	
(Mailing address MAY RE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office addingent and/or the new registered office address here: Name of New Registered Agent:	ess on our recor	ds, <u>enter the name</u>	of the new regis
New Registered Office Address:			• ;
	Enter Florida si	reet address	l C2
<u> </u>		, Florida	Zip Code 🍱
	City		Zip Code III
New Registered Agent's Signature, if changing Registered Agent:			- -
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perpaccept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office additionable has been notified in writing of this change.	formance of my lided for in Chap	duties, and I am fa ter 605, F.S. Or, i	miliar with and f this document i

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>	Name	Address	Type of Action
AMBR	Sanabria Giraldo, Juan Schastian	2780 NE 183RD ST	□Add
		APT 1811	⊟ Remove
		AVENTURA, FL 33160	□Change
AMBR	SANABRIA, SERGIO A	2780 NE 183RD ST	\BAdd
		APT 1811	
		AVENTURA, FL 33160	☐Change
			🗀 Add
			□Remove
			☐Change
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Effective dat	e, if other than the da	te of filing:	to data of filing an array	(optional) than 90 days after filing.) Pur	
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document's el	Tective date on the Depar	rtment of State's records	.		
e record specif	ies a delayed effective da	nte, but not an effective t	ime, at 12:01 a.m. on t	the carlier of: (b) The 90t	th day after the
•		2023			
rd is filed.	MAY 8TH	2023	4		
•	MAY 8TH	2023	_· /		

Typed or printed name of signee