

621 000371602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

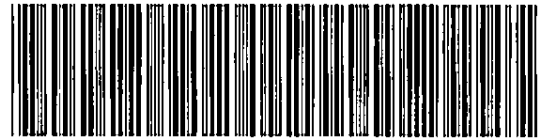
(Business Entity Name)

(Document Number)

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2021 SEP -7 PM 8:02

SECRETARY OF STATE
TALLAHASSEE, FL 32399

09/16/2021
H/

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M&N Property Management

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Saad

Name of Person

M&N Property Management LLC

Firm/Company

7990 Baymeadows Rd E Unit 1807

Address

Jacksonville, FL 32256

City/State and Zip Code

msaad@digital1010.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Saad

352

540-5023

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

FILED

2021 SEP -7 PM 8: 03

M&N Property Management LLC

SECRETARY OF STATE

(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 Aug 18, 2021 and assigned
Florida document number L21000371602

This amendment is submitted to amend the following:

c. 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."

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)

d. 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

City

Florida

Zip Code

Now 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

GR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	Michael Saad	7990 Baymeadows Rd E Unit 1807	<input checked="" type="checkbox"/> Add
		Jacksonville, Fl 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nabil Saad	9075 SW 9th Terr	<input type="checkbox"/> Add
		Ocala, Fl 34476	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Boshra Saad	9075 Sw 9th Terr	<input type="checkbox"/> Add
		Ocala, Fl 34476	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 30th 2021

Valrie J. [Signature]

Signature of a member or authorized representative of a member

NABI/ JACOB SAAD

Typed or printed name of signee