

L21000531797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

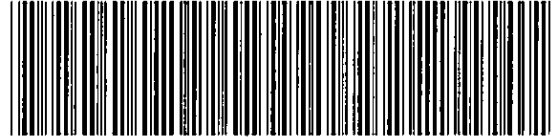
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700438488977

10/25/24--01016--004 **25.00

FILED
2024 OCT 25 AM 8:26
CLERK OF STATE
TALLAHASSEE, FLORIDA

BRUNINI
ATTORNEYS AT LAW

MELANIE A. ALLEN

E-mail: mallen@brunini.com
Direct: 601.973.8738

The Pinnacle Building, Suite 100
190 East Capitol Street
Jackson, Mississippi 39201
Telephone: 601.948.3101

Post Office Drawer 119
Jackson, Mississippi 39205
Facsimile: 601.960.6902

October 23, 2024

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

VIA FEDEX

Re: *Articles of Amendment - MMI GAIN MGR, LLC*
Document # L21000531797

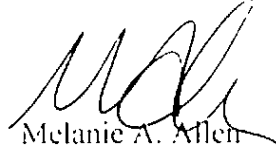
Dear Sir or Madam:

Enclosed you will find our firm's check in the amount of \$25.00 for filing fee along with the Articles of Amendment to Articles of Organization of MMI GAIN MGR, LLC

Once filed, please return the filed copies in the enclosed envelope. Thank you for your assistance in this matter. Should you have any questions or concerns, feel free to contact me.

Sincerely,

BRUNINI, GRANTHAM, GROWER & HEWES, PLLC


Melanie A. Allen
Legal Assistant

MAA/

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MMI GAIN MGR, LLC

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:

Melanie Allen

Name of Person

Brunini, Grantham, Grower & Hewes, PLLC

Firm/Company

P.O. Drawer 119

Address

Jackson, MS 39205

City/State and Zip Code

mallen@brunini.com

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

For further information concerning this matter, please call:

Roberto Maximo

407 385-0664

at ()
Area Code Daytime Telephone Number

Name of Person

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

2024 OCT 25 AM 8: 26

MMI GAIN MGR, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/17/2021 and assigned
Florida document number L21000531797.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MMI GAIN MGR I LLC

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)

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

_____, Florida _____

City

Zip 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 Changing Registered Agent, Signature of New Registered Agent

2024 OCT 25 AM 8:26
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

FILED
2024 OCT 25 AM 8:26
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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 October 23, 2024

Typed or printed name of signee