L22 000038329

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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Special Instructions to	Filing Officer:	
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T. MATTHEWS APR 14 2022

COVER LETTER

Y	1			
	stration Section ion of Corporations			
SUBJECT: _	<u>MMBK</u>	Propertie	5 LLC Liability Company	•
The enclosed a	Articles of Amendme	ent and feets) are submitt	ed for filing.	
Please return a	ill correspondence co	oncerning this matter to th	ie following:	
		Belal	Higas Name of Person	
			Lirm Company	
		1444 Bria	- Oak Court	
		Rotal Pal.	m Beach F(, 3	3411
		Billogsmint	trading, com	otification)
For further inf	ormation concerning	this matter, please call		
Bela	Higgs Name of Person		at (561) 2 81- Area Code Day	2285 time Telephone Number
Enclosed is a c	theck for the following	ng amount:		
√ \$25,00 Fil	ling Fee ☐ \$30 Cc	,00 Filing Fee & ertificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)

<u>Mailing Address:</u> 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 FILED ARTICLES OF ORGANIZATION OF CORPORATIONS OF OF

22 MAR 31 PM 12: 46

MMBK	Properties	LLC		
(<u>Nam</u>	e of the Limited Liability Co (A Florida Fimi	mpany as it now ap ted I jability Compai	pears on our records.) ny)	

	(_{H1}		Zip Code
		, Florida	
New Registered Office Address:	Inter Florida și	vet address	-
Name of New Registered Agent:			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	ls, <u>enter the name</u>	of the new registered
		. <u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable:			
(Principal office address MUST BE A STREET ADDRE			
Enter new principal offices address, if applicable:	· -		
The new name must be distinguishable and contain the words "I imite	ed Fiability Company," the designa	tion "I I C" or the abbr	eviation "L.L.C."
A. If amending name, <u>enter the new name of the limite</u>	ed fiability company here:		
This amendment is submitted to amend the following:			
Florida document number L22000038329			
The Articles of Organization for this Limited Liability Cor	mpany were filed on	8/2022	and assigned
	. 1 .	1 2 2 2	

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby 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

Title	Name	<u>Address</u>	Type of Action
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		Royal Palm Beach F(, 33411	□Remove
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _ (optional) E. Effective date, if other than the date of filing: (If an effective date is fisted, the date must be specific and connot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the record is filed. Dated 3/21/2022 Signature of a member or authorized representative of a member-