K22000077294

(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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5/11/21/22

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9822 NOV 21 PH 1: 14



October 24, 2022

JOE M. GRANT, ESQUIRE LORIUM PLLC 197 SOUTH FLORIDA HIGHWAY, SUITE 200 BOCA RATON, FL 33432

SUBJECT: M & M EQUITY PARTNERS LLC

Ref. Number: L22000077294

We have received your document for M & M EQUITY PARTNERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6862.

Sean Toner Director

Letter Number: 222A00023863

COVER LETTER

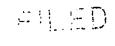
Tallahassee, FL 32314

TO:	Registration Se Division of Cor						
CHD ICA		UITY PARTNERS LLC					
SUBJEC	Name of Limited Liability Company						
The encl	osed Articles of .	Amendment and fee(s) are sub	omitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		Joe M. Grant, Esquire					
			Name of Person				
		Lorium PLLC					
			Firm/Company				
		197 South Federal Highwa	ay, Suite 200				
Address							
		City/State and Zip Code					
		BocaFilings@LoriumLaw.	to be used for future annual rep	nort natification)			
For furth	er information co	oncerning this matter, please c		,			
Joe M. C	Grant, Esquire		561 361-1				
	Name of	l'Person	Area Code	Daytime Telephone Number			
Enclosed	l is a check for th	ne following amount:					
■ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address Registration S		Street Add	ress: on Section			
	Division of C			of Corporations			
	P.O. Box 632	•		r of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED **OF**



2022 HOV 21 PM 1: 14

M & M EOUITY PARTNERS LLC

(Name of the Lim	(A Florida Limited I	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Florida document number <u>L22000077294</u>		were filed on <u>02/16/202</u>	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)	-	
· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records,	enter the name of the new registe
Name of New Registered Agent:	Lorium PLLC		
New Registered Office Address:	197 South Fede	ral Highway, Suite 200	
		Enter Florida stree	t address
	Boca Raton	<u>. —</u>	Florida <u>33432</u>
		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

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>	<u>Address</u>	Type of Action
MGR	ELKMAN, MARC	201 NE 3RD ST.	
		BOCA RATON, FL 33432	■Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change
	 		🗀 Add
			□Remove
			☐ Change

ote: If the date in	other than the date of filing:
ecord specifies a is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted July 19	. 2022
	Signature of a member or authorized representative of a member
Marco	Capoccia

Filing Fee: \$25.00