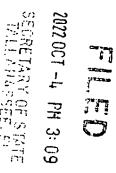
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Office Use Only



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## **COVER LETTER**

SUBJECT:    Name of Limited Liability Company	TO: Registration S Division of Co			
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:    FERNANDA SILVA		WORK LLC		
Please return all correspondence concerning this matter to the following:    FERNANDA SILVA	SUBJECT:	Name of Lim	ited Liability Company	
FERNANDA SILVA  Name of Person  A&F FINANCIAL LLC  Firm/Company  4851 W HILLSBORO BLVD, STE#A2  Address  COCONUT CREEK, FL 33073  City/State and Zip Code  AF-FINANCIAL@AF-FINANCIAL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  FERNANDA SILVA  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c	The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Name of Person  A&F FINANCIAL LLC  Firm/Company  4851 W HILLSBORO BLVD, STE#A2  Address  COCONUT CREEK, FL 33073  City/State and Zip Code  AF-FINANCIAL@AF-FINANCIAL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  FERNANDA SILVA  754  Area Code  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)	Please return all corresp	ondence concerning this matter	to the following:	
A&F FINANCIAL LLC  Firm/Company  4851 W HILLSBORO BLVD, STE#A2  Address  COCONUT CREEK, FL 33073  City/State and Zip Code  AF-FINANCIAL@AF-FINANCIALCOM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  FERNANDA SILVA  754  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S255.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate Copy (additional copy is enclosed)		FERNANDA SILVA		
Firm/Company  4851 W HILLSBORO BLVD, STE#A2  Address  COCONUT CREEK, FL 33073  City/State and Zip Code  AF-FINANCIAL@AF-FINANCIAL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  FERNANDA SILVA  Total  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certificate Copy (additional copy is enclosed)			Name of Person	
Address  COCONUT CREEK, FL 33073  City/State and Zip Code  AF-FINANCIAL@AF-FINANCIAL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  FERNANDA SILVA  Name of Person  Total  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		A&F FINANCIAL LLC		
COCONUT CREEK, FL 33073  City/State and Zip Code  AF-FINANCIAL@AF-FINANCIAL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  FERNANDA SILVA  754  Area Code  Name of Person  Total  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Certificate of Status  Certificate of Status  Certificate Copy (additional copy is enclosed)		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
COCONUT CREEK, FL 33073  City/State and Zip Code  AF-FINANCIAL@AF-FINANCIAL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  FERNANDA SILVA  Name of Person  Total 205-9371  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certificate Copy (additional copy is enclosed)  Certificate Copy (additional copy is enclosed)		4851 W HILLSBORO BL	VD, STE#A2	
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Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array}{c ccccccccccccccccccccccccccccccccccc		E-mail address: (	to be used for future annual report notification)	-
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array}{c ccccccccccccccccccccccccccccccccccc	For further information	concerning this matter, please c	all:	(P)이 <b>교</b>
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  ■ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	FERNANDA SILVA			IME
■ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	Name	of Person		Number
Certificate of Status  (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	Enclosed is a check for	the following amount:		
	■ \$25.00 Filing Fee		Certified Copy Co (additional copy is enclosed) Co	ertificate of Status & ertified Copy
Registration Section Section Section Section	Mailing Addre Registration		Street Address: Registration Section	
Division of Corporations Division of Corporations	Division of	Corporations	Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MM NETW	ORK LLC		
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L	and assigned			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applic	rable:	6343 NW 36TH AVE		
(Principal office address MUST BE A STREE		COCONUT CREEK, FL 33073		
Enter new mailing address, if applicable:		6343 NW 36TH AVE	2021 SEC	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		COCONUT CREEK, FL 33073		77
			¥37 T	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, enter the 1	nameof the Rew reg	istered
Name of New Registered Agent:	A&F FINANC	IAL LLC		<del>.</del>
New Registered Office Address:	4851 W HILLS	SBORO BLVD, STE#A2  Enter Florida street address	<u> </u>	
	COCONUT CI		33073	

## 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.

City

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
AMBR	MARCOS MACIEL	6343 NW 36TH AVE	□Add
		COCONUT CREEK, FL 33073	□Remove
			<b>≡</b> Change
			□Add
			□Remove
			Change
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lffec	ve date, if other than the date of filing:	tional)		
	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at If the date inserted in this block does not meet the applicable statutory filing requirements, t			
locur	ent's effective date on the Department of State's records.			
e reco rd is f	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:	(b) The 90t	.h day at	fter the
	Systember 28th. 2022.			
Dated	HATANAA LETH 1022			