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2023 SEP -7 PM IN 10 SECRETARY OF STATE

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	M T M Name of Limi	Specialists ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARIO	Syington Name of Person	
	MTM	Specialists Firm/Company	
	14 23 (	onservæncy D1 Address	SECRETARY OF STATE STATE OF ST
	Tollahossee	FL 3 2312 City/State and Zip Code	P-7 PP
	M+Mspecial E-mail address: (1	o be used for future annual report notifi	Lil. com Tigo II
	concerning this matter, piease ca	ati.	
MAKK S	Gington of Person	at (850) 59 Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
S≥5.00 Filling 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

MTM Specialist (Name of the Limited Liability Compan (A Florida Limited Liability	-5	
(Name of the Limited Liability Compan (A Florida Limited Liability Compan)	y as it now appears o ability Company)	<u>n our records.</u> )
The Articles of Organization for this Limited Liability Company v	vere filed on7/	18/2022 and assigned
Florida document number <u>L 2 2 000 3 /4 78 9</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here	:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14 23	Conservancy Pr E 10 See FL 323/2
(Principal office address MUST BE A STREET ADDRESS)	Tallah	- See FL 323/2
Enter new mailing address, if applicable:		2023 SEP - SECRETALLA
(Mailing address MAY BE A POST OFFICE BOX)		PH I
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our reco	ords, enter the name of the new registers
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	C'-	, 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 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>	Name	Address	Type of Action
MGR	DAVID Wallace Kent	3473 Plowshare Rd	Þædd
		Tellahossee, FL 32309	□Remove
			□Change
MGR	Adriane Byinston	1423 (on servancy DIE	, <b>∑b∧</b> dd
		ToHohnson FL 323/2	□Remove
			□Change
		AASSEE SEE	7073 SEP - 7 PH Grange
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ffective date, is an effective date is lote: If the date ocument's effective date.	s listed, the date inserted in thi	must be specific s block does n	c and car not mee	t the appl	or to date o	f filing or	nore than one require	90 days aft	tional) er filing.) nis date v	Pursu will n	ant to 6 ot be li	05.020 isted as
record specifies d is filed.	a delayed effe	ctive date, but	i not an	effective	time, at	2:01 a.m	on the ea	arlier of: (	(b) The	90th	day af	fter the
ated Au	sma	29	<u>_</u> , <u>2</u>	2023	<u> </u>							
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