L32000348439

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JAN 10 2023 D CUSHING

	COVER LETTER				
TO: , Registration Section Division of Corporations		,			
•	MPMGLLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of Amendmen	t and fee(s) are submitted for filing.				
Please return all correspondence con	cerning this matter to the following:				
	OLGA KALYANOVA				
	Name of Person				
	THE FINKELSHTEYN P.A.				
	Firm/Company				
	134 S DIXIE, STE 201				
	Address				
	HALLANDALE, FL 33009				
	City/State and Zip Code				
	olga@tfgcpa.com				
For further information concerning t	E-mail address: (to be used for future annual report notification) nis matter, please call:				
OLGA KALYANOVA	305 931 9212	- 500			
Name of Person	Area Code Daytime Telephone Number	() ; ;			
Enclosed is a check for the following	, amount:				
	(additional copy is enclosed) Certified (of Status &			
Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	0			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were for lorida document number $\frac{L22000348429}{L22000348429}$.	00/00/2022	and assigned
his amendment is submitted to amend the following:		and the second
. If amending name, <u>enter the new name of the limited liability co</u>	ompany here:	:) 2
he new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or	the abbreviation "L.U.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)		
3. If amending the registered agent and/or registered office address seent and/or the new registered office address here:	s on our records, <u>enter the</u>	name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	42 42 44 44	
	Enter Florida street address Florid	

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>	Address	Type of Action
MGR	GREG GRINGUEZ	400 SUNNY ISLES BOULEVARD	,#1606 □Add
		SUNNY ISLES, FL 33160	≡ Remove
			□Change
MGR	GREG GRINGRUZ	400 SUNNY ISLES BOULEVARD	. #1606 ■Add
		SUNNY ISLES, FL 33160	□Remove
			□ Change
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