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SECRETARY OF STATE TALLAHASSEE FLORID

## **COVER LETTER**

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Name of Limited Liability Company  neclosed Articles of Amendment and fee(s) are submitted for filing.  Freturn all correspondence concerning this matter to the following:  CAROLINE VIDAL.  Name of Person  MC&M GROUP LLC  Firm/Company  5601 SW 2 CT APT 210  Address  MARGATE, FL 33068  City/State and Zip Code  VIDALCAROLINE 130@GMAILCOM  E-mail address: (to be used for fiture annual report notification)  orther information concerning this matter, please call:  OLINE VIDAL  Name of Person  Area Code  Certificat Copy  1 S30,00 Filing Fee Certificate of Status  Certified Copy  1 additional copy is enclosed  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee		
		Name of Person	
	MC&M GROUP LLC		p Code  annual report notification)  7945613  Daytime Telephone Number  Daytime Telephone Number  S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)  Certificate of Status & Certified Copy tadditional copy is enclosed)
		Name of Person  Firm/Company  Address  City/State and Zip Code MAIL.COM  To be used for future annual report notification)  Il:  at (19	
	Division of Corporations  MC&M GROUP LLC  Name of Limited Liability Company  assed Articles of Amendment and feefs) are submitted for filing.  turn all correspondence concerning this matter to the following:  CAROLINE VIDAL  Name of Person  MC&M GROUP LLC  Firm/Company  5601 SW 2 CT APT 210  Address  MARGATE, FL 33068  City/State and Zip Code  VIDALCAROLINE 130@GMAIL COM  E-mail address to be used for future annual report notification)  ter information concerning this matter, please call:  INE VIDAL  Name of Person  Area Code  1 S55.00 Filing Fee & Certified Copy Tadditional copy is enclosed)  Mailing Fee Section  Certificate of Status  Street Address:  Registration Section  Division of Corporations Plot Billing Section  Division of Corporations  Division of Corporations The Centre of Tallahassee		
		Name of Person  C  Firm/Company  210  Address  68  City/State and Zip Code  50@GMAIL.COM  ress: (to be used for future annual report notification)  case call:  1	
	MARGATE, FL 33068		
	MC&M GROUP LLC    Name of Limited Liability Company		
			<del> </del>
		-	tication)
For further information c	concerning this matter, please c	all:	
CAROLINE VIDAL			
Name c	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ction
Division of C	Corporations	Division of Cor	porations
			'allahassee e Street, Suite 810
Tallahassee.	たし つろぎ 14	Z4 D IN IVIONIO	c succi, suite 819

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MC&M GROUP LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{09/09/2022}{1}$ and assigned Florida document number 1.22000395882 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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  $a\overline{b}\overline{b}\overline{b}$  to  $\overline{c}$  imply with the provisions of all statutes relative to the proper and complete performance of my duties, and I an familian with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. OF Ithis document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited habilit 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> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	CAROLINE VIDAL	5601 SW 2 CT APT 210 MARGATE, FL 33068	<b>=</b> Add
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ffective date, if other than the date an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department.	specific and cannot be prior does not meet the applica	to date of filing or more th able statutory filing requ	(optional) an 90 days after filing.) Pursuant to C airements, this date will not be I	505.0207 ( isted as t
record specifies a delayed effective da Lis filed.	ite, but not an effective til	me, at 12:01 a.m. on the	earlier of: (b) The 90th day a	fier the
SEPTEMBER 21st	2022			
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Typed or printed name of signee