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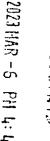
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COVER LETTER -

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor				
M&M UPS	SURANCE LLC			
SUBJECT:	Name of Lim	ited Liability Company		
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rtease return all correspo	ondence concerning this matter	to the following.		
	Char Von Hemp			
	.	Name of Person		-
	M&M UPSURANCE LLC	Name of Limited Liability Company diment and fee(s) are submitted for filing. e concerning this matter to the following: har Von Hemp Name of Person Rem UPSURANCE LLC Firm/Company 25 W Park St Address akeland, FL 33803 City/State and Zip Code arvonhemp@gmail.com E-mail address: (to be used for future annual report notification) ming this matter, please call: 263 Area Code Daytime Telephone Number S30.00 Filing Fee & Certified Copy (addinonal copy is enclosed) Street Address: Registration Section		
	PSURANCE LLC Name of Eimited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: Char Von Hemp Name of Person M&M UPSURANCE LLC Firm/Company 725 W Park St Address Lakeland, FL 33803 City/State and Zip Code charvonhemp@gmail.com E-mail address: (to be used for future annual report notification) Concerning this matter, please call: of Person Area Code Daytime Telephone Number The following amount: S30.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certificat Copy (additional copy is enclosed) Street Address: Registration Section Corporations Division of Corporations			
	725 W Park St	Name of Limited Liability Company d fee(s) are submitted for filing, ing this matter to the following: Itemp Name of Person URANCE LLC Firm/Company (St Address PL 33803 City/State and Zip Code p@gmail.com F-mail address: (to be used for future annual report notification) matter, please call: 2863 Area Code Babo Daytime Telephone Number ount: ling Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations		
	M&M UPSURANCE LLC Firm/Company 725 W Park St Address Lakeland, FL 33803 City/State and Zip Code charvonhemp@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call:			
	Lakeland, FL 33803			2023 123
		City/State and Zip Code		
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For further information of			(tireation)	PH 1
Char Von Hemp				17. 17. 18. 19.
Name c	of Person		me Telephone Number	ī
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certifica Certified	te of Status & Copy
Mailing Addre	Section	Registration S		
Division of C P.O. Box 631				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&M UPSURANCE LLC	
(Name of the Limited Liability Company as it r (A Florida Limited Liability C	tow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fill Florida document number $\frac{1.23000049974}{1.23000049974}$.	led on 01/26/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	72
(Principal office address MUST BE A STREET ADDRESS)	- 3 - 3
Enter new mailing address, if applicable:	is p M
(Mailing address MAY BE A POST OFFICE BOX) ———————————————————————————————————	8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
City	. Zıp 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>	Address	Type of Action
MGR	Char Von Hemp	725 W Park St	= Add
		Lakeland, FL 33803	□Remove
			□Change
MBR	Char Von Hemp	725 W Park St	= Add
		Lakeland, FL 33803	□Remove
			□Change
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amending any other info	mation, enter cha	inge(s) here:	(Altach addilio)	ын sneets, 1f nec	essary.)		
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record specifies a delayed effe	ective date, but not ar	n effective time.	, at 12:01 a.m. or	n the earlier of: (b) The 90th		er the
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Ŭ	Signatific of a me	ember or authorize	ed representative c	a member		1 Hd	
Char Von Hemp					Ε.Α. [Α.Ε.]	ሰ:	R.

Filing Fee: \$25.00

Typed or printed name of signee