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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
M&M Real	ty Professionals LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.			
Please return all correspo	ondence concerning this matter t	to the following:			
	Michelle Silebi				
		Name of Person			
	M&M Realty Professionals				
		Firm/Company			
	208 Bayfield Dr		. ·		
		Address			
	Brandon FL 33511				
	michellesilebi@yahoo.com	City/State and Zip Code			
	E-mail address: (t	to be used for future annual report notif	ication)		
For further information of	concerning this matter, please ca	all:			
Michelle Silebi		813 394-5076 at ()			
Name o	of Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Address:			
Registration Section		Registration Section Division of Corporations			
Division of Corporations P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&M Realty Professionals LLC		
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records Limited Liability Company)	<u></u>)
The Articles of Organization for this Limited Liability Co L23000075997 Florida document number	Tompany were filed on February 10, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	ed office address on our records, <u>enter</u>	the name of the new registerer
New Registered Office Address:	Enter Florida street addre	
	, FI	lorida Zip Code
	City	zyrvinac

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>	<u>Name</u>	Address	1 vpe or Action
MGR	Michelle Silebi	208 Bayfield Dr. Brandon FL 33511	Add
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effective date e: If the dat	if other than the is listed, the date mu te inserted in this b ective date on the l	ist be specific an lock does not	nd cannot be pri meet the app	licable statutory	or more than 90 d filing requireme	_(optional) ays after filing.) Pu nts, this date wil	irsuant to 605.02 I not be listed
ord specific	s a delayed effecti	ve date, but no	ot an effective	time, at 12:01 a	.m. on the earlic	er of: (b) The 9	Oth day after th
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Filing Fee: \$25.00