L23000094455

(Re	questor's Name)	
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(City	y/State/Zip/Phone #	*)
PICK-UP	☐ WAIT	MAIL
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(Bu:	siness Entity Name)
(Do	cument Number)	
Certified Copies	Certificates of	f Status
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Special Instructions to f	Filing Officer:	
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11/04/24--01013--026 **25.00



COVER LETTER

	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JENNY MONROY PERI	LLA	
		Name of Person	
		Firm/Company	
1110 CONSTANCE RD APT: 414			
		Address	
	ORLANDO, FL 32826		
	mymprofessionalservices@		<u>-</u>
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please e	all:	
Cristina Diez		617 9131799	
Name c	f Person	at () Area Code Daytim	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 tadditional copy is enclosed

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&M PROFESSIONAL SERVIC	CES LLC	
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited I Florida document number 1.23000094455	Liability Company were filed c	on 02/20/2023 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compa	<u>iny here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company,	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	2
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		· 2:
B. If amending the registered agent and/or agent and/or the new registered office addre		our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	JENNY ALEJANDRA MO	NROY PERILEA
New Registered Office Address:	1110 CONSTANCE RD 7	APT: 414
	Enta	er Florida street address
	ORLANDO	Florida 32826

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
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			□Remove
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record is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	ay after the
ated _	tenny Monroy Signature of a member or authorized representative of a member	
	tenny Monroy	
	<u> </u>	

Filing Fee: \$25.00