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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ITAX GROUP, LLC Account Number : I20140000115 Phone : (813)882-8426 Fax Number : (813)884-0263

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: ferreiramiqueias388@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MMF FLOORING LLC

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COVER LETTER

	Registration Se Division of Cor			
SI:DISC		ORING LLC		
SUBJEC	CT:	Name of Lim	ited Liability Company	
The enck	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		MIQUEIAS MARCIANO	FERREIRA	
			Name of Person	
		MMF FLOORING LLC		
			Firm/Company	
		7720 PALMERA POINTE	CIR UNIT 201	
		· · · · · · · · · · · · · · · · · · ·	Address	·
		TAMPA, FL 33615		
			City/State and Zip Code	
		ferreiramiqueias388@gmai		
		E-mail address: (to be used for future annual report not	ification)
For furthe	er information c	oncerning this matter, please c	all:	
MIQUEI	AS MARCIAN	O FERREIRA	813 567-6088 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
€ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address;	
	Registration S Division of C		Registration So Division of Co	
	P.O. Box 632		The Centre of	Tallahassee
•	Tallahassee, I	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

and assigned
and assigned
on "LLC" or the abbreviation "L.L.C."
enter the name of the new registe
20
t address
, Florida ; Zip Code
Zip Coae
y. I further agree to comply with

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.

1-May-2023 15:08 iTax Services

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

Title	Name	<u>Address</u>	Type of Action
AMBR	Marciano Ferreira, Adeilson	7720 PALMERA POINTE CIR UNIT 201	
		TAMPA. FL 33615	🖺 Remove
			DChange
			🗀 Add
			□ Remove
			🗆 ^dd
			□Remove
			©Change
			C/Add
			□Remove
			□Change
			DAdd
	1		□Change
			□Add
			□Remove
	•		∐Change

If an effective data is liste Note: It the data inser	her than the date of filing:
e record specifies a del nd is filed.	chayed effective date, but not on effective time, at \$2.04 a.m. on the eather of: (b) The 90th day after t
Dated April 19th	2023
	Sugmature of a member or suthorized representable of a member