## 123000142765

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## **COVER LETTER**

то:	Registration Se Division of Cor		. •	
erin II		UIDITATION LLC		
SUBJI	EC1:	Name of Lin	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		OTONIEL MORALES		
			Name of Person	
		M & R LIQUIDITATION	LLC	
			Firm/Company	··-
		5756 KINGSGATE DR A	PT D	
			Address	
	ORLANDO, FL 32839			
			City/State and Zip Code	
		MACTAX1@YAHOO.CO	M to be used for future annual report no	(fortion)
For fu	rther information c	oncerning this matter, please c		meation
отом	NIEL MORALES		407 879-3308	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>≘</b> \$2	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 Address: Registration Section		Street Address: Registration Se	ection	
Division of Corporations			Division of Co	rporations
	P.O. Box 632		The Centre of	
	Tallahassee, l	rl 32314	Z415 IN. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUN 15 PM 1: 1: M & R LIQUIDITATION 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 MARCH 21, 2023 and assigned Florida document number \_\_\_\_\_L23000142765 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 "L.L.C." 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 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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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
<b>Д</b> мвк	HANNY S RAMIREZ	5728 KINGSGATE DR APT D	<u></u> ■ Add
		ORLANDO. FL 32839	□Remove
			□Change
			□Add
			□Remove
			🗀 Change
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E ffootis	ve date, if other than the date of filing: (optional)
(If an effe <u>Note:</u> 1	etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
cord is file	
Dated _	May 15th 2023.  Okouie/ Mondos  Signature of a member or authorized representative of a member
	Okouie/ Mondes Signature of a member or authorized representative of a member
	OTONIEL MORALES, AMBR
	Typed or printed name of signee

Filing Fee: \$25.00