

L23000150472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

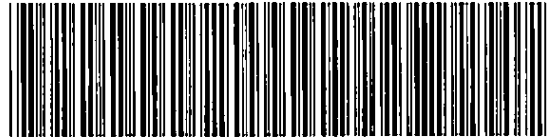
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
JUN 14 2023

Office Use Only



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2023 JUN 13 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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RECEIVED  
2023 JUN 13 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

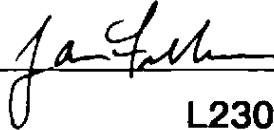
TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

**Please use funds from this account: I20210000160: \$25.00**

Authorization Signature: \_\_\_\_\_:



**MNM LLC**

**L23000150472**

BUSINESS NAME

DOCUMENT #

\_\_\_ Certified Copy

\_\_\_ Certificate of Status

**NEW FILINGS**

- \_\_\_ Profit Corp
- \_\_\_ Not for Profit
- \_\_\_ Limited Liability
- \_\_\_ Domestication
- \_\_\_ Other
- \_\_\_ CORP
- \_\_\_ LLLP

**AMMENDMENTS**

- X Amendment**
- \_\_\_ Resignation of R.A. Officer/Director
- \_\_\_ Change of Registered Agent
- \_\_\_ Revocation of Dissolution
- \_\_\_ Merger
- \_\_\_ Articles of Conversion
- \_\_\_ Amended and restated Articles
- \_\_\_ Statement of Authority

**OTHER FILINGS**

- \_\_\_ Annual Report
- \_\_\_ Fictitious Name
- \_\_\_ APOSTILLE
- \_\_\_ Country

**REGISTRATION/QUALIFICATIONS**

- \_\_\_ Foreign filing
- \_\_\_ Limited Partnership
- \_\_\_ Reinstatement
- \_\_\_ Other

**EXAMINER'S INITIALS: \_\_\_\_\_**

FLORIDA CAPITAL COURIER SERVICES, INC

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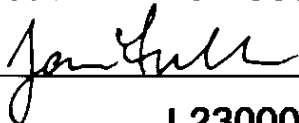
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MNM LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOHAMMED Z. RAHMAN

\_\_\_\_\_  
Name of Person

MNM LLC

\_\_\_\_\_  
Firm/Company

3310 POND PINE RD

\_\_\_\_\_  
Address

HARMONY FL 34773

\_\_\_\_\_  
City/State and Zip Code

zumman12@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOHAMMED RAHMAN

561

294-6342

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Address:**

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

**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**

2023 JUN 13 PM 3:24  
SECRETARY  
TALLAHASSEE

MNM 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 3/24/2023 and assigned  
Florida document number L23000150472.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

MNMCRL LLC

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:**

23 BROADWAY

**(Principal office address MUST BE A STREET ADDRESS)**

KISSIMMEE FL 34741

**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

Florida

City

Zip 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**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

