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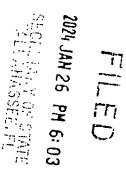
Ora
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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01/26/24--01014--014 **80.00



COVER LETTER

TO: Registration Se Division of Cor				
MMIA Dir			,	
SUBJECT: Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Madison Couch			
		Name of Person		
	MMIA Direct LLC			
	-	Firm/Company		
	1091 Lobloffy Ln Unit 107	7		
		Address		
	Davenport, Florida, 33896			
	Madcouch29@gmail.com	City/State and Zip Code		
	-	to be used for future annual report noti	(lication)	
For further information of	concerning this matter, please c	alf:		
Madison Couch		702 374-4547		
Name o	if 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 (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	etion	
Division of Corporations P.O. Box 6327		Division of Corporations		
		The Centre of T	Lallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MMIA Direct LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 06/19/2023	and assigne	d
Florida document number 1.23000295391			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company here:		
Pin and Sip LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		2024 J	
Enter new mailing address, if applicable:		JAN 2	
(Mailing address MAY BE A POST OFFICE BOX)		- TAC 6	;
		OCC TO	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	name of the new ces	istered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida	·	
	City	Zio 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

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
			Remove
			□ Change
			□Add
			Пепюче
			□Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Add
			Remove
			□Change
			□Add
			Remove
			□ Change

Page 2 of 3

). If amending any other inform	ation, enter change(s) here: (Attach o	additional sheets, if necessary.)
	 	
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 Note: If the date inserted in this b 	e date of filing: ist be specific and cannot be prior to date of filinglock does not meet the applicable statutor Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 (3) ry filing requirements, this date will not be listed as the
the record specifies a delaye) The 90th day after the re		ctive time, at 12:01 a.m. on the earlier of:
Dated January 22	2024	
Ro-		
	signature of a member or authorized represe	entative of a member
Madison Couch		
	Typed or printed name of si	gnee

Page 3 of 3

Filing Fee: \$25.00