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To:

Division of Corporations

Fax Number : (850)617-6383

From

Account Name : ITAX GROUP, LLC Account Number : 120140000115 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. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M&M MOND FLOORING LLC

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T. LEMIEUX

COVER LETTER

TO:	Registration Secti Division of Corpo			
	M&M MOND	FLOORING LLC (L240)		
SUBJE	CT:	Name of Li	mited Liability Company	
The encl	losed Articles of An	endment and fee(s) are su	bmitted for filing.	
Please re	cturn all corresponde	nce concerning this matte	r to the following:	
		MOLICIEN AZELUS		
			Name of Person	
		M&M MOND FLOORIN	AQ LTC	
			Finn/Company	
		4003 NESTLE OAKS PI		
			Address	W + 3 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		Tampa, FL 33613		
			City/State and Zip Code	
	; -	milicienazelus@gmail.con	n (to be used for future annual report no	tr(neston)
For furth	ner information conc	erning this matter, please		(H)CEDIAL)
Molicier	n Azelus		813 479-8754 at ()	
	Name of Pe	rson	Area Code Daytii	ne Telephone Number
Enclosed	l is a check for the fe	Howing amount:		
器 \$ 25,4	00 Filing Fee	Il \$30.00 Filing Fee & Certificate of Status	El \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cl \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
j	Mailing Address: Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	orations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre Tallahassee, Fl	rporations Fallahassee se Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&M MON	D PLOOKING LLC.		
*************************************	(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.)	~. · · · · · · · · · · · · · · · · · · ·
	(2) Florida Linuted (mability Company)	
TIPE - K. A.L. E	P 1	01/10/2024	
The Articles of Organizati	on for this Limited Liability Company	were filed on	and assigned
Florida document number	L24000023607		
This amendment is submit	ed to amend the following:		
	_		
A. If antending name, er	ter the new name of the limited liab	ility company here:	
The new name must be distingu	shable and contain the words "Limited Liabil	hty Company," the designation "H f C" or th	ae abbreviation "LLC"
		to do gradient 2000 to the	to dover interior E.G.C.
Enter new principal offic	es address, if applicable:		
(Principal office address !	MUST BE A STREET ADDRESS)		
Enter new mailing addre	ss. if applicable:		
		***************************************	, , 5
Muning address was to be	A POST OFFICE BOX)	***************************************	
			20
B. If amending the regist	ered agent and/or registered office a	iddress on our records, enter the n	nme of the desy registered
agent and/or the new reg	stered office address here:		
			. 20 11
M AN D			
Name of New Re	instered Agent:		् प्र
New Registered (Affice Address:		s d
	Pince reduces.	Enter Florida street address	
			in 0
	***************************************	, Florida	
		City	Zip Code
New Registered Agent's Sig	nature, if changing Registered Agent;		
neverly accept the appor provisions of all ctoruses	ntment as registered agent and agre	e to act in this capacity. I further	agree to comply with the
provisions of an simules i accent the abligations of	relative to the proper and complete	perjormance of my duties, and I at	m familiar with and
heine filed to merels refle	ny position as registered agent as p.	rovinea for in Chapter 603, F.S. C	ir, ij inis document is Rođeni Politic
company has been notifie	ct a change in the registered office of in writing of this change.	audiess, i nereny conjirm that the	итива напину
visio visio visio	and of this change.		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized	Person(s)	authorized	lo manage.	enter the	title, name	. and ado	iress of eac	h nerson	heino add	ьd
or removed from our re	ords:		,					on person	Westing acous	

MGR =	Manager	
AMBR =	Authorized	Membe

Title	<u>Name</u>	Address	Type of Action
AMBR	MANOUCHEKA PINCHINAT	4003 NESTLE OAKS PL APT 102	∏Add
		Tampa, FL 33613	
			Change
,			DAdd
			□Remove
			□ Change
···			[]]Add
			[]Change
			□Add
			CIRemove
			☐ Change
····			
		·	CIRemove
			☐ Change
·····			DAdd
			□Remove
			[]Change

D. If amending any oth	r information, enter change(s) here: (Attach additional sheets, if necessary.)

(If an effective date is listed, Note: If the date inserte	than the date of filing: the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) It in this block does not meet the applicable statutory filing requirements, this date will not be listed as the e on the Department of State's records.
If the record specifies a delay record is filed.	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated March 08th	2024
	Signature of a member or authorized representative of a member
MOLICIEN	
The same with the same supplemental and	Typed or printed name of signee