## L2400019743

(Rec	luestor's Name)	
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## **COVER LETTER**

	gistration Se vision of Cor			
SUBJECT:		DING LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Anicles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		RENE MALDONADO JU	AREZ	
			Name of Person	
		M&M GRADING LLC		
			Firm/Company	·· <del></del>
		10355 PAULING LN		
			Address	<del></del>
		BONITA SPRINGS , FL 3	4135	
		11: 0 1	City/State and Zip Code	
		starmultiser@gmail.com E-mail address: (	to be used for future annual report noti	fication)
For further i	information c	oncerning this matter, please ca	all:	
RENE MAI	LDONADO J	UAREZ	239 398-9887	
Name of Person		at () Area Code Daytim	ne Telephone Number	
Enclosed is	a check for th	ne 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>M</u> :	ailing Addres	<u>s:</u>	Street Address:	· 200
Registration Section Division of Corporations		Registration Se		
	vision of C O. Box 632		Division of Cor The Centre of 1	-
A	_ , , ,	• •		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	Company as it now appears on our re- imited Liability Company)	cords.)
(A Florida L	imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L24000197473</u>	mpany were filed on <u>04/26/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>en</u>	ter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, Florida
		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

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
AMBR	OSIEL VELASQUEZ BARTOLON	2913 29th ST SW LEHIGH ACRES , FL 33976	≣Add
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			□Change
			🗆 Add
			□ Remove
			Change
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Tective date, if other	he date must be specific				t to 605.020
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Filing Fee: \$25.00