L24 000 199 738

| (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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COVER LETTER

| SUBJECT: | | CHISE ENTERPRISES LLC | | |
|--------------------|-----------------|--|---|---|
| SUBJECT. | | Name of Limi | ted Liability Company | |
| The enclosed | d Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspon | dence concerning this matter | to the following: | |
| | | Sean Stein | | |
| | | | Name of Person | |
| | | A Mother's Touch Movers | | |
| | | | Firm/Company | |
| | | 751-E Enterprise Court | | |
| | | | Address | |
| | | Melbourne, FL 32934 | | |
| | | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| | | Steinfamily05@aol.com | | <u> </u> |
| | | | o be used for future annual report noti | ncation) |
| For further i | nformation co | ncerning this matter, please ca | all: | |
| Sean Stein | | | 321 253-6040 at () | |
| | Name of | Person | Area Code Daytim | e Telephone Number |
| Enclosed is | a check for the | e following amount: | | |
| ■ \$25.00 } | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Ma | illing Address | : | Street Address: | |

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

TO:

Registration Section
Division of Corporations

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

| MTM Franchise Enterprises LLC | | | |
|---|---|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | iny as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L24000199738</u> . | were filed on 04/29/2024 and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ollity company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 751 Enterprise Court Suite E Melbourne, FL 32934 | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 751 Enterprise Court Suite E Melbourne, FL3293 | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the name of the new regis</u> | | |
| 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

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> | <u>Address</u> | Type of Action |
|--------------|------------------------|-------------------------|----------------|
| AGENT | Registered Agents Inc. | 7901 4TH ST N STE 300 | □Add |
| | | ST PETERSBURG, FL 33702 | ■ Remove |
| | | | Change |
| AGENT | David Roberts | 7901 4TH ST N STE 300 | □Add |
| | | ST PETERSBURG, FL 33702 | ≣Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | Remove |
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| | 05/06/ | /2024 | | | |
| ective date, if other than the confective date is listed, the date must te: If the date inserted in this bloomment's effective date on the De | be specific and cannot be ck does not meet the a | applicable statutor | ng or more than 90 ry filing requiren | (optional) days after filing.) Pur nents, this date will | suant to 605.026 not be listed a |
| cord specifies a delayed effective s filed. | date, but not an effect | tive time, at 12:01 | a.m. on the ear | ier of: (b) The 90 | th day after th |
| ed May 6th | 2024 | · | | | |
| | | 6- | | | |
| | Signature of a member of | r authorized represe | entative of a memb | er | |
| | | | | | |