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(Reque	estor's Name)	
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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Sec Division of Corp					
ALID IDA	M&M Wisd	iom LLC				
SUBJEC	1:	Name of Limi	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		Shuxing D Sun			_	
			Name of Persor	-	-	
			Firm/Company		-	
		256 Cape May Ave			_ . :	/- >
			Address			•
		Ponte Vedra, FL 32081				, , ,
		b5s7@hotmail.com	City/State and Zip Code		Ø.	3
r e al	:- <i></i>	E-mail address: (to be used for future annual report notific	cation)	rei	1: 29
Shuxing		oncerning this matter, please ea	904 252-6663			
	Name o	f Person	at () Area Code Daytime	Telephone Numbe	r	
Enclosed	is a check for th	ne following amount:				
■ \$25 ,	00 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 F Certified Certified (additional	ate of St I Copy	atus &
	Mailing Addres Registration S	Section	Street Address: Registration Sect			
	Division of C P.O. Box 632	•	Division of Corp The Centre of Ta	allahassee		
	Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 8	310	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&M Wisdom LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company wer	e filed on 05/28/2024	and assigned
lorida document number £24000245099		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability	company here:	
M&M Wisdom Venture LLC		
he new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<i>t</i> y
_		
		.,
Enter new mailing address, if applicable:		•
Mailing address MAY BE A POST OFFICE BOX)		
Mulling undress MAT BE AT OST OFFICE BOX		
-		
B. If amending the registered agent and/or registered office add	-acc on our records enter the name	of the new regist
s. If amending the registered agent and/or registered office addi- igent and/or the <u>new registered office address here</u> :	ress on our records, enter the name	of the new regist
gett und a service and a servi		
Name of New Registered Agent:	100000	
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin 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 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
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			CChange
			□ □ □ Add
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fective date if other than th	e date of filing:	08/01/2024			(ontional)	
fective date, if other than then effective date is listed, the date m	ust be specific and ca	annot be prior to	date of filing or	more than 90 day	ys after filing.)	Pursuant to 605.020
ote: If the date inserted in this becoment's effective date on the I	block does not me Department of Sta	et the applicab	le statutory fili	ng requiremen	its, this date v	will not be listed a
edition is effective date on the f	separanem or ou	ic s recordi.				
ecord specifies a delayed effecti	va data. but not n	n atlantina tim	o at 12:01 a m	on the corline	of the The	o Oùth day aftar th
is filed.	ve date, but not a	ii cricciive tiiii	C, al 12,01 a.iii	, on the carrier	01. (U) THE	, 70tii day aitei tii
ated August 1		2024				
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Typed or printed name of signee