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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
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LLAHASSEL FLORIDA

COVER LETTER

TO: Registration Section

Division	of Corporations			
	endment to Name			
SUBJECT:	Name o	of Limited Liability Company		
The enclosed Artic	cles of Amendment and fee(s) a	re submitted for filing.		
Please return all co	orrespondence concerning this n	natter to the following:		
	Sophia McKay-Ward	I		
		Name of Person		
		Firm/Company		
Firm/Company 4475 NW 97 Terrace Address Sunrise, FL 33351 City/State and Zip Code sophiaward@hotmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: sophia Mckay-Ward at (
		Address		
	Sunrise, FL 33351			
	enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Sophia McKay-Ward			
	•		- Control - Control	
For further inform			ntrication)	
Sophia Mckay-Wa	ard			
1	Name of Person		me Telephone Number	
Enclosed is a chec	k for the following amount:			
■ \$25.00 Filing		us Certified Copy	Certificate of Status &	
			ection	
Divisio	n of Corporations	Division of Co	orporations	
=				
Tallaha	ssee, FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

110

(Name of the Limited Liability Company as it now	appears on our records.)
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	pany)
The Articles of Organization for this Limited Liability Company were filed	on August 15, 2024 and assigned
lorida document number 1.24000358097	•
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compa	any here:
, MMAC LLC	
he new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	2024 AUG SECIRCI SECIRCI SECIRCI
Mailing address MAY BE A POST OFFICE BOX)	22 2 .
raung address MAT BE A TOST OF FICE BOX	2 3 H
. If amending the registered agent and/or registered office address on	
gent and/or the new registered office address here:	ener the lange of the regard
Name of New Registered Agent:	
New Registered Office Address:	
	ter Florida street address
	Florida
City	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

 m_{m}

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>	Name	Address	Type of Action
AMBR	Kyle Ward	4475 NW 97th Terr. Sunrise FL 33351	= Add
			□Remove
			Change
			□ Add
			□Remove
		-	□Change
			□ Remove
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

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