L25000245681

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(Address)
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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Sect Division of Corp			
		S & REAL STATE LLC		
SUBJEC	M:	Name of Limit	ed Liability Company	
The encl	losed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please re	eturn all correspon	idence concerning this matter t	to the following:	
		MONIELE D. COELHO		
			Name of Person	-
			Firm/Company	
		3279 CANNA LILY PL		
			Address	
		CLERMONT, FL 34711	<u> </u>	
		monielycoelho@gmail.com		
		E-mail address: (to be used for future annual report not	fication)
For furt	ther information co	oncerning this matter, please co	ali:	
MONII	ELE D. COELHO		407 810-4383 at ()	
	Name of	Person	Area Code Daytin	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$2 :	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address: Registration Se	ection
	Registration : Division of C		Division of Co	rporations
	P.O. Box 632		The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M BUSINESS & REAL STATE LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records. ability Company))
The Articles of Organization for this Limited Liability Company v	were filed on 05/28/2025	and assigned
Florida document number L25000245681		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
M BUSINESS & REAL ESTATE LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
THE REPORT OF THE PARTY OF THE	Enter Florida street address	_
	, Flo	rlda
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605, I	a I am jamiliar with and F.S. Or, if this document is

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
			[]Add
			Remove
			□ Add
			□Remove
			□Change
			Remove
			Change
			□ Add
			□Remove
			Change
			□ Remove
			Change
			□Add
			□ Remove
			_ Change

CHANGE NAME FOR M	1 BUSINESS & KEAL				
	<u></u>		<u> </u>		
				<u>-</u>	
					
		 			
					
		<u> </u>			
fective date, if other that		06/06/2025		(optional)	
fective date, if other than an effective date is listed, the dat ote: If the date inserted in the occurrent's effective date on the	te must be specific and ca his block does not mee	et the applicable sta	f filing or more than tutory filing requi	90 days after filing.) rements, this date	Pursuant to 605.02 will not be listed:
	fective date, but not an	effective time, at 1	2:01 a.m. on the	earlier of: (b) Th	e 90th day after th
record specifies a delayed en					
is filed.		2025	, /,		
is filed	11/11/	2025 Helloll	, Vln/-2	D	
is filed.	11111	2025	more sentative of a marginal s	mber	

Filing Fee: \$25.00

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