000	4 IINIICADU DUG	NECC DEDO		MARTINE CONTRACTOR	
	1 UNIFORM BUS		KI (UBK)		
DOCU 1. Entity Nar	MENT # L990000	03136		FILED	
{	M-1, LLC			01 MAY 25 AM 8: 59	
				TARY OF STATE	
Principal Plac	ce of Business	Mailing Address		SECRETARY OF TALLAHASSEE, FLORIDA	
	ace of Business	3. Mailing Address		·	
109 T Suite, Apt	V. Brush Street	PO (Sox	425	DO NOT WRITE IN THIS SPACE	
_S:.	40450	City & State			~,
	pa, Florida	Tampa it	Florida	4. FEI Number 59-3582235 Applied For Not Applicable	<u>.</u>
3360	2 Country USA	1026	Country USA	Certificate of Status Desired	
	6 Name and Address of Current		Name 4	7. Name and Address of New Registered Agent	=
Clar				ress (P.O. Box Number is Not Acceptable)	4
	•				4
			109 cty	N. Brush St., Suite 456	4
8. The above	named entity submits this statement for	the nurpase of shanning its		ampa FL ZipCode 55 (6)	-
Com Com Man Malle Cash					
SIGNATURE Bonstone, typed or printed name of registered figure and 65% if applicable. (NOTE: Recipioned Agent argument when reinsecting) DATE					
			интаваныны		
4 3		Make Check Ray	ible to Departme	int of State.	
9. TITLE	MANAGING MEMBE		10	ADDITIONS/CHANGES Change Addition] [
HAME	Rusself & Mut	yws	NUME		11/2
STREET ADDRESS CITY-ST-ZIP		1205 Auc 1560 1	STREET ADDRESS CITY-ST-ZIP		R2E083 (11/00)
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	00\ 14\\0101004050	1
TITLE		Delets	TITLE	******58, ①① **********************************	4
NAME STREET ADDRESS	,		NAME Street address		
CITY-ST-ZEP			CITY-ST-ZIP		-
title Name		☐ Delete	TITLE HAME	☐ Change ☐ Addition	
STREET ADORESS (STREET ADDRESS City-St-ZBP		
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NAME STREET ADDRESS			NAME STREET ADDRESS		
TITY-SI-ZIP		☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition	-
STREET ADDRESS			MAME Street address		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP		
11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Floride Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
700-					
SIGNAT	URE: SIGNATURE AND TYPED OR PRINTED NAME OF	SIGHING MANAGING MEMBER, MANA	GER, OR AUTHORIZED REP	5 /25/01 (8/3)22/212 PRESENTATIVE Data Data Daylino Phone •	0
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