## Florida Départment of State Division of Corporations Électronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : 120240000004 Phone : (775)329-7721 Fax Number : (775)376-9207

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: manouche1985@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MMGA FOOD SERVICES, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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From Corporate Service Center Inc 1.702.507.9682 Fri Feb 21 11:10:27 2025 MST Page 2 of 4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MMGA FOOD SERVIC	
(Name of the Limited Liability Company as it as (A Florida Limited Liability Company as it as	ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number L25000019015	ed on 01/10/25 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	iny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	025
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	
	<del></del>
B. If amending the registered agent and/or registered office add	dress on our records enfor the name of the na
B. If amending the registered agent and/or registered office address here:	ress on our records, enter the name or the in
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
City	Zip Code

## New Rogistored 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

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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

Title	Name	Address	Type of Action
MGR	Guyvee Louis	1001 Park Hill Dr	
		Haverhill, FL 33417	□ Remove
		مسترسي والمراجع المراجع والمراجع والمرا	Change
MGR	Guybee Louis	1001 Park Hill Dr	Addi
		Haverhill, EL 33417	□ Remove
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The 90th day after the recor	a is filed.		
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