

L13000051312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

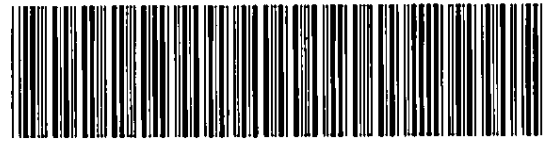
(Business Entity Name)

(Document Number)

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11/20/23--01002--011 \*\*55.00

2023 NOV 20 AM 9:23  
STATE  
TALLAHASSEE FL

FILED

2023 NOV 20 AM 8:04  
STATE  
TALLAHASSEE FLORIDA

RECEIVED

A. BUTLER

NOV 20 2023

**COVER LETTER**

**TO: Registration Section  
Division of Corporations  
MTS Equity Group LLC**

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michele Sgambati

\_\_\_\_\_  
Name of Person

MTS Equity Group LLC

\_\_\_\_\_  
Firm/Company

246 Terracina Drive

\_\_\_\_\_  
Address

Sandford/ Florida 32771

\_\_\_\_\_  
City/State and Zip Code

mgas76@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michele Sgambati 267 307-6053  
\_\_\_\_\_  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. M. ...  
Tallahassee, FL 32310

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MIS Equity Group

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

NOV 20 9:23

**FILED**

2023 NOV 20 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on April 18, 2013

Florida document number L13000051312

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

246 Terracina Drive

**(Principal office address MUST BE A STREET ADDRESS)**

Sanford FL 32771

Enter new mailing address, if applicable:

246 Terracina Drive

**(Mailing address MAY BE A POST OFFICE BOX)**

Sanford FL 32771

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

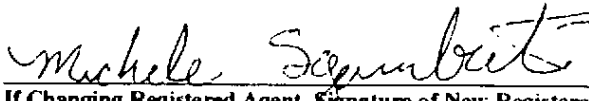
\_\_\_\_\_, **Florida**

*City*

*Zip 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Flio Sgambati	246 Terracina Drive	<input type="checkbox"/> Add
		Sanford FL 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tavia Sgambati	246 Terracina Drive	<input type="checkbox"/> Add
		Sanford FL 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michele Sgambati	246 Terracina Drive	<input checked="" type="checkbox"/> Add
		Sanford FL 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Giuliana Sgambati	246 Terracina Dr	<input type="checkbox"/> Add
		Sanford FL 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

