## 16053

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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## **COVER LETTER**

Div	ision of Corp	porations		
		FINANCIAL ADVISORS LL	С	
SUBJECT:		Name of Limit	ted Liability Company	<del></del>
The encloser	l Articles of	Amendment and fee(s) are subr	nitted for filing.	
		ndence concerning this matter t		
		ALICIA CHOURIO		
			Name of Person	<del></del>
		MINDSET FINANCIAL A	ADVISORS LLC	
			Firm/Company	<u> </u>
		117 NE 1ST AVE SECUR	ITY BUILDING	
			Address	
		MIAMI, FL 33132		
			City/State and Zip Code	<del></del>
		achourio@mindsetfa.com  E-mail address: (1	to be used for future annual report notific	cation)
For further i	nformation c	oncerning this matter, please ca	all:	
ALICIA CI	HOURIO		786 542-4800	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MINDSET FINANCIAL ADVISORS LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our rec liability Company)	<u>(0708.</u> )
The Articles of Organization for this Limited Liability Company	were filed on04/29/2019	and assigned
Florida document number 1.19000116053		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2010
(Principal office address MUST BE A STREET ADDRESS)		
		2
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· ==
maning dadress with the it took of the body		9
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our reco <u>c</u> :	ords, <u>enter the name of the n</u>
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street ac	ldress
		, 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>	Address	Type of Action
P	ALICIA CHOURIO	8900 NW 97 AVE APT # 207	□ Add
		DORAL, FL 33178	Remove
			□ Change
P	MARCOS DELPINO	350 S MIAMI AVE APT # 1704	<b>=</b> Add
		MIAMI, FL 33130	Remove
			☐ Change
		<del>_</del>	
			Remove
			Change
		<del>-</del>	Add
		<u> </u>	Remove
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ective date, if other the neffective date is listed, the ote:  If the date inserted in cument's effective date of	n this block does not me	et the applicable st	of filing or more than 90 datutory filing requireme	_ (optional) ays after filing.) Pursuant nts, this date will not b	to 605.02 be listed
record specifies a c The 90th day after t	delayed effective da he record is filed.	te, but not an e	effective time, at 1	2:01 a.m. on the (	earlier
november 14		2019			
	02D (	24 l			

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Typed or printed name of signee

Filing Fee: \$25.00