LZC 000095374

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2/10/21

COVER LETTER

то:		istration Sectision of Corp			
CHRIE	CT.	MTSGROUP	INVESTMENT LLC.		
SUBJE	C I :		Name of Lim	ited Liability Company	
The enc	losed	l Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspond	dence concerning this matter	to the following:	
			LEADMTSGROUP@GM.	AIL.COM	
	Name of Person				
			RONALD DENIS		
 				Firm/Company	
			MTSGROUP INVESTME	NT LLC.	
				Address	
			2640 S UNIVERSITY DR	#222	
			DAVIE. FLA 33328	City/State and Zip Code	
			E-mail address: (o be used for future annual report notification)	
For furti	her ir	nformation cor	ncerning this matter, please co	sil:	
RONAL	LD D	ENIS		954 5882722 at ()	
		Name of I	Person	Area Code Daytime Telephone Number	
Enclose	d is a	check for the	following amount:		
□ \$25	.00 F	filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)	
		iling Address:		Street Address: Registration Section	

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

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our recor Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L20000095374		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LL	
Enter new principal offices address, if applicable:		2021
Principal office address MUST BE A STREET ADDRESS)		= 1
		至日
Enter new mailing address, if applicable:		型 O
Mailing address MAY BE A POST OFFICE BOX)	 	. 29
. If amending the registered agent and/or registered office tent and/or the new registered office address here:	address on our records, ente	r the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		Florida
	City	zip Coae

Registered Agent's Signature, if changing Registered Agent:

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability my has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

rerson(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	OMEGA PERU	3000 ISLANDS BLVD APT S 126	□Add
		AVENTURA, FL 33160	≅Remove
		 	☐ Change
MGR	CAROLE BEAUBRUN	1196 SW 122ND AVE	= Add
		PEMBROKE PINES ,FL 33025.	□Remove
			□ Change
			Romeve
			Chamge
			 PbAdd
			□Remove
			☐ Change
			
			Remove
			□Change
			□ Add

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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prote: If the date inserted in this block does not meet the approximent's effective date on the Department of State's record	(optional) ior to date of filing or more than 90 days after filing.) Pursuant to 605.0 licable statutory filing requirements, this date will not be listed
scord specifies a delayed effective date, but not an effective s filed.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
d	
4 / N. H. V. V.	thorized representative of a member