

L20000100471

Florida Department of State  
Division of Corporations  
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Account Number : 104076000124  
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: abazo@rascoklock.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MM BUSINESS GROUP, LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

ULKER

21 2020

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MM BUSINESS GROUP, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/09/2020 and assigned Florida document number L20000100471

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:  
(Principal office address MUST BE A STREET ADDRESS)

1450 MADRUGA AVE SUITE 304  
CORAL GABLES FL 33146

FILED  
CLERK OF STATE  
CORAL GABLES  
20 AUG 20 AM 11 13

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

1450 MADRUGA AVE SUITE 304  
CORAL GABLES FL 33146

**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: TRANSWORLD BUSINESS MANAGEMENT, LLC

New Registered Office Address: 2555 PONCE DE LEON BLVD SUITE 600  
*Enter Florida street address*

CORAL GABLES, Florida 33134  
*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	SYLVIA A. FRANCO	1450 MADRUGA AVE SUITE 304	<input checked="" type="checkbox"/> Add
		CORAL GABLES FL 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA I. MARTINEZ	1450 MADRUGA AVE SUITE 304	<input type="checkbox"/> Add
		CORAL GABLES FL 33146	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.; Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 10 \_\_\_\_\_, 2020



\_\_\_\_\_  
Signature of a member or authorized representative of a member

MARIA I MARTINEZ

\_\_\_\_\_  
Typed or printed name of signer

**Filing Fee: \$25.00**