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(Requestor's Name)				
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(Cit	y/State/Zip/Phone	#)	- }	
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(Do	cument Number)		-	
Certified Copies	_ Certificates	of Status	-	
Special Instructions to	Filing Officer:		7	
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COVER LETTER

TO: Registration Se Division of Cor			
MXW Con	sulting Group, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Wilson R Sgai		
		Name of Person	Tode Tode
		Firm/Company	
	15778 NW 91 Court		
		Address	
	Miami Lakes, FL 33018		
	wilson_sgai@hotmail.com E-mail address: (City/State and Zip Code to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c	all:	
Wilson Sgai			
Name o	f Person	at ()	e 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)	Certificate of Status & Certified Copy
Mailing Addres Registration S	Section		
Division of C P.O. Box 632		Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MXW Consulting Group, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number 1.20000317900	Company were filed on 10/7/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" of	or the abbreviation .C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR		
	 	<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Managing Member	Wilson R Sgai	15778 NW 91 Court	_____\
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	 		□Add
			□Remove
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effective date is listed, the date must e: If the date inserted in this blo	t be specific and c ock does not me	annot be prior to set the applicat	odate of filing or ble statutory fil	more than 90 days : ing requirements.	after filing.) Pursu this date will n	ant to 605.02 of be listed:
ument's effective date on the Do	epartment of Sta	ite's records.	•			
cord specifies a delayed effective filed.	e date, but not a	n effective tin	ne, at 12:01 a.n	n, on the earlier of	f: (b) The 90th	day after th
November 30		2020				
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Typed or printed name of signee