

L22000279621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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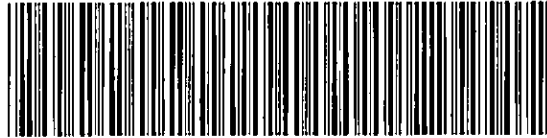
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MENAL GROUP LLC  
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:

JAIR ROMERO  
Name of Person  
WILLIAMS&MORRIS PC PLLC  
Firm/Company  
8004 NW 154TH STREET STE 646  
Address  
MIAMI LAKES, FL 33016  
City/State and Zip Code  
williamsmorrispa@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAIR ROMERO at ( 786 ) 256-6615  
Name of Person 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. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

MENAL 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 06/20/2022 and assigned Florida document number L22000279621.

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:**

6710 MAIN STREET STE 233

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

MIAMI LAKES, FL 33014

**Enter new mailing address, if applicable:**

6710 MAIN STREET STE 233

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

MIAMI LAKES, FL 33014

**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:**

JAIME ARMANDO MENDIETA CANON

**New Registered Office Address:**

6710 MAIN STREET STE 233

*Enter Florida street address*

MIAMI LAKES

*City*

Florida 33014

*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.*

*Jaime Armando Mendieta Canon*

If Changing Registered Agent, Signature of New Registered Agent



