

L09000044079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

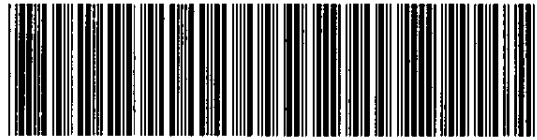
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2010 FEB 11 PM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

FEB 12 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vega Ferrer Acevedo, 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:

Luis Ferrer

Name of Person

MANAGEMENT STRATEGY GROUP, LLC

Firm/Company

5201 Blue Lagoon Dr., Ste 800

Address

Miami, FL 33126

City/State and Zip Code

lferrer@vfaconsulting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Ferrer

Name of Person

at (407)

683-6785

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2010 FEB 11 PM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vega Ferrer Acevedo, 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 05/06/2009 and assigned
Florida document number L09000044079.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MANAGEMENT STRATEGY GROUP, LLC

The new name must be distinguishable and end with 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)

5201 BLUE LAGGON DR

SUITE 800

MIAMI, FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5201 BLUE LAGOON DR

SUITE 800

MIAMI, FL 33126

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:

L. FERRER

New Registered Office Address:

5201 BLUE LAGOON DR., STE 800

Enter Florida street address

MIAMI

City

, Florida

33126

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	L. FERRER	5201 BLUE LAGOON DR	<input checked="" type="checkbox"/> Add
		SUITE 800	<input type="checkbox"/> Remove
		MIAMI, FL 33126	
MGR	Strategy Platform, LLC	5201 BLUE LAGOON DR	<input type="checkbox"/> Add
		SUITE 800	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33126	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated _____,

Signature of a member or authorized representative of a member

LUIS FERRER

Typed or printed name of signee

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TALLAHASSEE, FLORIDA