

LC9000 101234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

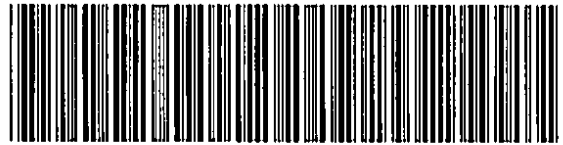
(Business Entity Name)

(Document Number)

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2020 MAR 23 PM 2:46  
COURT CLERK

*Amend*

APR 06 2020

I ALBRITTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MRM GROUP PROPERTY HOLDINGS 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:

MAPY TUDELA

\_\_\_\_\_  
Name of Person

MRM GROUP PROPERTY HOLDINGS LLC

\_\_\_\_\_  
Firm/Company

11091 NW 27th ST, Suite # 212

\_\_\_\_\_  
Address

Doral Florida 33172

\_\_\_\_\_  
City/State and Zip Code

hdmelendez@gmail.com

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

For further information concerning this matter, please call:

MAPY TUDELA

786 427-7786

at ( )

\_\_\_\_\_  
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**

MRM GROUP PROPERTY HOLDINGS 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 OCT 20, 2009 and assigned  
Florida document number L09000101234.

This amendment is submitted to amend the following:

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

N/A

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)**

11091 NW 27th ST

SUITE 212

DORAL, FL. 33172

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

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

11091 NW 27th ST

SUITE 212

DORAL, FL. 33172

**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:

MAPY TUDELA

New Registered Office Address:

11091 NW 27TH ST, SUITE 212,

*Enter Florida street address*

DORAL, FL

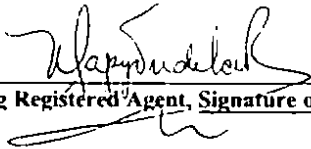
*City*

Florida 33172

*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	EMILIO GONZALEZ	2655 S. LE JEUNE RD.	<input type="checkbox"/> Add
		SUITE 900	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
MGR	MARIA PIEDAD MATOS	2655 LE JEUNE RD	<input type="checkbox"/> Add
		SUITE 900	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
AMBR	MAPY TUDELA	11091 NW 27th ST	<input checked="" type="checkbox"/> Add
		SUITE 212	<input type="checkbox"/> Remove
		DORAL, FL. 33172	<input type="checkbox"/> Change
AMBR	MARIA JOSE STEINER	11091 NW 27th ST	<input type="checkbox"/> Add
		SUITE 212	<input type="checkbox"/> Remove
		DORAL FL. 33172 <sup>2</sup> <i>ms</i>	<input checked="" type="checkbox"/> Change
AMBR	RAFAEL J. TUDELA	11901 NW 27th ST	<input type="checkbox"/> Add
		DORAL FL. 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Урагундлах

Maya Tudela

**Filing Fee: \$25.00**