

L11000083622

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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14 JUL 24 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED JUL 24 2014

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Marketing and Management Consultants, 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:

**Beatriz Alvarado**

Name of Person

**Marketing and Management Consultants, LLC**

Firm/Company

**1111 Kane Concourse, Suite 410**

Address

**Bay Harbor Islands, FL 33154**

City/State and Zip Code

**info@fridakahlocorporation.com**

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

For further information concerning this matter, please call:

**Beatriz Alvarado**

Name of Person

at **(305) 7984751**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2014

BEATRIZ ALVCARADO  
1111 KANE CONCOURSE STE 410  
BAY HARBOR ISLANDS, FL 33154

SUBJECT: MARKETING AND MANAGEMENT CONSULTANTS, LLC  
Ref. Number: L11000083622

We have received your document for MARKETING AND MANAGEMENT CONSULTANTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 614A00014653

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

Marketing and Management Consultants, 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 07/20/2011

Florida document number L11000083622

This amendment is submitted to amend the following:

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

Frida Kahlo Group, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

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

1111 Kane Concourse, Suite 410

Bay Harbor Islands, FL 33154

USA

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

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

1111 Kane Concourse, Suite 410

Bay Harbor Islands, FL 33154

USA

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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**

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TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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          | Carlos R. Dorado | 1111 Kane Concourse Suite 410 | <input checked="" type="checkbox"/> Add |
|              |                  | Bay Harbor Islands, FL 33154  | <input type="checkbox"/> Remove         |
|              |                  |                               | <input type="checkbox"/> Add            |
|              |                  |                               | <input type="checkbox"/> Remove         |
|              |                  |                               | <input type="checkbox"/> Add            |
|              |                  |                               | <input type="checkbox"/> Remove         |
|              |                  |                               | <input type="checkbox"/> Add            |
|              |                  |                               | <input type="checkbox"/> Remove         |
|              |                  |                               | <input type="checkbox"/> Add            |
|              |                  |                               | <input type="checkbox"/> Remove         |
|              |                  |                               | <input type="checkbox"/> Add            |
|              |                  |                               | <input type="checkbox"/> Remove         |

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

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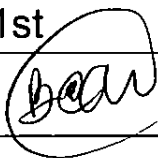
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 21st, 2014



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

**Beatriz Alvarado**

\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA