Flor da Department de State Question of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000198333 3)))



H130001983333ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: BOYER LAW FIRM, P.L.

Account Number : I20100000071

Phone

: (904)236-5317

Fax Number

: (904)371-3935

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address

Office@BayerlawFirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MLCM GROUP, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

HECEIVED

13 SEP -6 AMIO: 58

SECRETARY OF STATE

EXAMINER

9 2012

2013-09-06 10:31 Boyer Law Firm, P.L.

19043713935 >>

850-617-6381 P 2/6

Electronic Filing Menu

Corporate Filing Menu

Help

2013 SEP -6 AM 8: 52

850-617-6381 P 3/6

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

MLCM 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:

Francis M. Boyer

Name of Person

Boyer Law Firm, PL

Firm/Company

9471 Baymeadows Road, Suite 404

Address

Jacksonville, FL 32256

City/State and Zip Code

Office@BoyerLawFirm.com

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

For further information concerning this matter, please call:

Francis M. Boyer

,,904 ,236-5317

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fcc

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 Taliahassee, 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

| MLCM Group, LLC | | Andle \ | |
|--|---|---------------------------------------|--|
| (Name of the Limited Liability Co | mnany as it now impears on our recited Liability Company) | urus.) | |
| The Articles of Organization for this Limited Liability Com Florida document number <u>L12000150262</u> | pany were filed on 11/30/2012 | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | l liability company here: | | |
| The new name must be distinguishable and end with the words "L.L.C." | "Limited Liability Company," the design | gnation "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRES | <u>20</u> | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| | | (s,O) | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> | |
| | | 52 | |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | ed office address on our records s here: | , enter the name of the new | |
| Name of New Registered Agent: | | | |
| Now Registered Office Address: | | | |
| | Enter Florida street address | | |
| | | orida | |
| | City | Zip Code | |
| New Registered Agent's Signature, If changing Registered A | rent: | | |

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

MGR = Manager

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:

| MGRM = N | Appaging tremper | | |
|----------|--------------------|-----------------------|----------------|
| Title | <u>Name</u> | Address | Type of Action |
| MGR | Marc Lachaine | 1 Rue Collin | Add |
| | 2 | Boisbriand (Quebec) | Remove |
| | | J7G 1A1, CA | |
| MGR | Caroline Martel | 1 Rue Collin | |
| | | Boisbriand (Quebec) | Remove |
| | | J7G 1A1, CA | |
| MGR | MNC Agent-Cy, Inc. | 1 Collin Street | _ Add |
| - | | Broasbriad QC J7G 1A1 | Remove |
| | | Canada | <u>.</u> |
| | | <u></u> | |
| | | | Remove |
| | | | _ |
| | | | Add |
| | | | Remove |
| | | | _ |
| | | | Add |
| | | | Remove |
| | | | |

| f amending any | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | | |
|----------------|---|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| d | | | | |
| | | | | |
| ,,, | Signature of a member or authorized representative of a member | | | |
| | Typed or printed name of signec | | | |
| | Page 3 of 3 | | | |

Filing Fee: \$25.00

2013 SEP -6 AM 8: 52