

L13000051312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

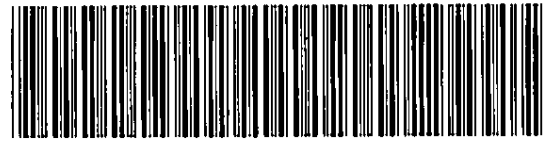
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 NOV 20 AM 9:23

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TALLAHASSEE, FL

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2023 NOV 20 AM 8:04

SEALING OFFICE
TALLAHASSEE, FLORIDA

A BUTLER

NOV 20 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

MTS Equity Group LLC

SUBJECT: _____
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:

Michele Sgambati

Name of Person

MTS Equity Group LLC

Firm/Company

246 Terracina Drive

Address

Sandford/ Florida 32771

City/State and Zip Code

mgas76@gmail.com

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

For further information concerning this matter, please call:

Michele Sgambati

267 307-6053

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
3415 N. M. ...
Tallahassee, FL 32310

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

MTS Equity Group

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

April 18, 2013

The Articles of Organization for this Limited Liability Company were filed on
Florida document number LI3000051312

FILED

NOV 9: 23

2023 NOV 20 AM 9: 23

SECRETARY OF STATE
and assigned
TALLAHASSEE, FL

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:

(Principal office address MUST BE A STREET ADDRESS)

246 Terracina Drive

Sanford FL 32771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

246 Terracina Drive

Sanford FL 32771

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

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	Elio Sgambati	246 Terracina Drive	<input type="checkbox"/> Add
		Sanford FL 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tavia Sgambati	246 Terracina Drive	<input type="checkbox"/> Add
		Sanford FL 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michele Sgambati	246 Terracina Drive	<input checked="" type="checkbox"/> Add
		Sanford FL 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Giuliana Sgambati	246 Terracina Dr	<input type="checkbox"/> Add
		Sanford FL 32771	<input checked="" type="checkbox"/> Remove
			<input 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.

Michael Samuels
Signature of a member or authorized representative of a member

Typed or printed name of signee