L13000072745

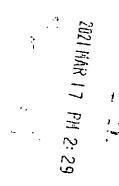
(Requestor's Name)
(Address)
(Address)
,
(C') (C) (C) (C) (C)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiness Line)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700356473647

01/12/21--01024--004 **25.00



O SIMMONS MAR 1 8 2021







FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2021

MIGUELL MARTINEZ SR 8017 HAMPTON GLEN DR TAMPA. FL 33647

SUBJECT: MSR INTERNATIONAL LLC

Ref. Number: L13000072745

We have received your document for MSR INTERNATIONAL 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 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.

The document number of the name conflict is L04000014469.

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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor Letter Number: 021A00003803

www.sunbiz.org

DO DOY GOOD BUILDING

COVER LETTER

TO: Registration Section **Division of Corporations**

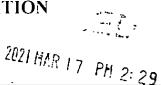
MSR INTERNATIONAL LLC

<u> </u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Miguell Antonio Martinez	Sr	
		Name of Person	
	MSR International LLC		
		Firm/Company	
	8017 Hampton Glen Drive		
	. <u></u>	Address	
	Tampa Florida 33647		
		City/State and Zip Code	
	miguelmrtnez@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please ca	att:	
Miguell Antonio Martin	en St	813 997-5040	
		at () Area Code Daytim	· · · · · · · · · · · · · · · · · · ·
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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



MSR International LLC

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

he Articles of Organization for this Limited Liability	Company were filed on 05/17/2013	and assigned
lorida document number L13000072745		
his amendment is submitted to amend the following:	:	
a. If amending name, enter the new name of the li	imited liability company here:	
I Group Consulting LLC		
he new name must be distinguishable and contain the words "I	limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		<u></u>
Principal office address MUST BE A STREET AD	DRESS)	
inter new mailing address, if applicable:		
<u> Mailing address MAY BE A POST OFFICE BOX)</u>		
3. If amending the registered agent and/or registe		he name of the new regist
gent and/or the new registered office address here	<u>e</u> :	
Name of Name Devices and Assume		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	Flor	rida
	City	2 (*) .

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		February Cartan		
AMBR = A	Authorized Member Name	2021 MAR 17 PM 2: 29	Type of Action	
			□Add	
			□Remove	
			□Change	
			□Add	
			□Remove	
			□Change	
			□Add	
			□Remove	
			□Change	
			□Add	
			□Remove	
			□Change	
			□Add	
			□Remove	
			□Change	
			🗆 Add	
			□Remove	
			□ Channa	

. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	2021 HAR 17 PH 2: 29
	ME ALL
	
(If an effective Note: If the	date, if other than the date of filing:
the record sp ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	March 1, 2021 Wignliture of a member or authorized representative of a member
	Typed or printed name of signee

• • • • • • • • •