

L14000199676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100265173821

10/09/14--01030--012 **55.00

FILED

2014 OCT -9 P 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. POSTICK

OCT 14 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Minds + Machines 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:

Francisco Touron

Name of Person

Touron Law

Firm/Company

55 Merrick Way, Ste. 406

Address

Coral Gables, FL 33134

City/State and Zip Code

frank@touronlaw.com

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

For further information concerning this matter, please call:

Francisco Touron

Name of Person

at (305)

Area Code

297-7095

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 OCT - 9 P 3:56

FILED

Minds + Machines Group LLC

Page 1 of 3

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>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

FILED
 JUN 09 - 9 P 3:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: 10/7/2014 (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 October 7, 2014

Francisco Touron, III

Signature of a member or authorized representative of a member

Francisco Touron, III

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 OCT -9 P 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED