

# L14000160502

Florida Department of State  
Division 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.

((H14000281342 3)))



H140002813423ABCZ

**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 : SUPERBIZ.COM, INC.  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SMGZ GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

05 Dec 2014 3:40PM

A1A

3056752811

P.2

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SMGZ GROUP LLC

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

FILED  
14 DEC -5 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/14/2014 and assigned  
Florida document number L14000160502

This amendment is submitted to amend the following:

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

MIS GROUP LLC

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

Enter new principal offices address, if applicable:

18459 PINES BLVD APT 205

(Principal office address MUST BE A STREET ADDRESS)

PEMBROKE PINES, FL 33029

Enter new mailing address, if applicable:

18459 PINES BLVD APT 205

(Mailing address MAY BE A POST OFFICE BOX)

PEMBROKE PINES, FL 33029

**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:

MIGUELANGEL MANRIQUE

New Registered Office Address:

18459 PINES BLVD APT 205

*Enter Florida street address*

PEMBROKE PINES

Florida

33029

*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.*

X

*[Signature]*

If Changing Registered Agent, Signature of New Registered Agent

H14000281342 3

H14000281342 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>
AMBR	GEORGE CHAVARRIA	12948 SW 28TH COURT	<input type="checkbox"/> Add
		MIRAMAR, FLORIDA 33027	<input checked="" 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

H14000281342 3

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

THE AUTHORIZED MEMBERS: MIGUEL ANGEL

MARIQUE, OMARR SHARIEFF & IMELDA ABREGO HAVE

CHANGE THEIR ADDRESS TO THE FOLLOWING:

18459 PINES BLVD APT 205, PEMBROKE PINES, FLORIDA 33029.

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 DECEMBER 4TH, 2014

X



Signature of a member or authorized representative of a member

MIGUEL ANGEL MANRIQUE

Typed or printed name of signee

H14000281342 3