<pre>(((H160002230983)))  #################################</pre>		ase print this page		er sheet. Type the fax all pages of the docu	
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 : PAGIO'S & ASSOCIATES, LLC Account Number : I201000000043 Phone : (305)397-8553 Fax Number : (305)397-8521			(((H16000223098	3 3)))	
Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : PAGIO'S & ASSOCIATES, LLC Account Number : I20100000043 Phone : (305)397-8553 Fax Number : (305)397-8521			H180002230983ABC		
Division of Corporations Fax Number : (850)617-6383 From: Account Name : PAGIO'S & ASSOCIATES, LLC Account Number : I20100000043 Phone : (305)397-8553 Fax Number : (305)397-8521	Note: DO				rom this page.
**Enter the email address for this business entity to be used for future	From:	Fax Number Account Name Account Number Phone Fax Number	: (850)617-6383 : PAGIO'S & ASSOCI : I20100000043 : (305)397-8553 : (305)397-8521		SEP -9 AH 9:
annual report mailings. Enter only one email address please.**	an	wal report maili	ngs. Enter only one	email address plea	ise. ** 💬 🖉

Corporate Filing Menu

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## Sep. 9. 2016 12:13PM PAGIO'S & ASSOCIATES, LLC

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No. 0750 P. 3

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COVER LETTER

H16000223098 3

TO: Registration Division of C			
GRUPO	MENTAR, LLC		
5000ECX,	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	<b>、</b>
Please return all corresp	condence concerning this matter	r to the following:	
	Gustavo V. Menicilio	1	
	<del>``````````````````````````````````</del>	Name of Person	
	GRUPO MENTAR, LLC		
		Firm/Company	
	7950 NW 53rd Street, Ste	337	
		Address	
	Miami, FL 33166		
		City/State and Zip Code	
	gustavo@grupomentar.con	n (10 be used for future annual report notif	
The Budler & Structure			(auton)
	concerning this matter, please c		
Gustavo V. Menicillo		305 507-8008	
Name	of Person	at () 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)
Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	n nions nter Circle

Sep. 9. 2016 12:13PM	PAGIO'S & ASSOCIATES, LLC ARTICLES OF AMENDMEN	· No. 0750 P, 4
	TO	H16000223098 3
	ARTICLES OF ORGANIZATI OF	ON
GRUPO MENTAR, 1		
( <u>Nar</u>	ao of the Limited Liability Company as it now appears ( (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for th Florida document number <u>L150000</u>	is Limited Liability Company were filed on <u>03/1</u> 049511	9/2015 and assigned
This amendment is submitted to an	nend the following;	
A. If amending name, enter the	new name of the limited liability company here	;
The new name must be distinguishable an	d contain the words "Limited Liability Company," the deal	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices addre	ess, if applicable:	
(Principal office address MUST B	E A STREET ADDRESS	
Enter new mailing address, if apj	plicable:	ü
(Mailing address MAY BE A POS		SEF SEF
R If amonding the registered	agent and/or registered office address on o	ar records, enter the nome of the new
registered agent and/or the new r		
Name of New Registered	Agent:	<b>6</b>
New Registered Office A	Idress:	
		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

Sep. 9. 2016 12:14PM PAGIO'S & ASSOCIATES, LLC No. 0750 P. 5 If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records: H16000223098 3

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## MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
AMBR	Ariel Armandi	3400 NE 192nd Street, Apt 1209	@ Add
		Aventura, FL 33180	
			D Change
	<u> </u>		D Add
			Remove
			Change
		, 	Add
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			Addr Addr Change
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			Change
			Add
			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Providure data if athem than the	late of filing: September 9, 2016		
late: If the date inserted in this blo ocument's effective date on the De	effective date, but not an effective ti	g requirements, this date will not be liste	d as the
ated	2016		
	Sustavo Hericillo Busievo Mericka (Sep 8, 2016)		
	ignature of a member or authorized representative of	of a member	
Gustavo V. Menicillo			
	Typed or printed name of signee		
	De † -4.2		
	Page 3 of 3		
	Filing Fee: \$25.00		

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September 9, 2016

## FLORIDA DEPARTMENT OF STATE Division of Corporations

GRUPO MENTAR, LLC 7950 NW 53RD STREET STE 337 MIAMI, FL 33166

SUBJECT: GRUPO MENTAR, LLC REF: L15000049511

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any further questions concerning your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II Registration Section FAX Aud. #: H16000223098 Letter Number: 516A00019080

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P.O BOX 6327-Tallahassee, Florida 32314