

9/19/22, 5:43 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1500080898

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GOYENECHEA PROFESSIONAL SERVICES LLC
Account Number : I20190000078
Phone : (561)341-1582
Fax Number : (561)264-6286

****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
MP MANAGER, LLC**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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9/19/2022 02:35:20

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SEP 21 2022

Scumbay

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MP MANAGER, 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:

PABLO E GOYENECHEA

Name of Person

GOYENECHEA PROFESSIONAL SERVICES LLC

Firm/Company

3175 S CONGRESS AVE, SUITE 305-C

Address

PALM SPRINGS, FLORIDA 33461

City/State and Zip Code

admin@gpscontador.com

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

For further information concerning this matter, please call:

PABLO E GOYENECHEA

561

341-1582

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
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MP MANAGER, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/07/2015 and assigned
Florida document number L15000980898.

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)

11790 SAINT ANDREWS PLACE

APT 303

WELLINGTON, FL 33414

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11790 SAINT ANDREWS PLACE

APT 303

WELLINGTON, FL 33414

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:

GPS CONTADOR

New Registered Office Address:

3175 S CONGRESS AVE, SUITE 305

Enter Florida street address

PALM SPRINGS

Florida

City

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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.

Pablo Goyenechea

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>
AMBR	DEVESA, MARCELA E	11790 SAINT ANDREWS PLACE APT 303	<input type="checkbox"/> Add
		WELLINGTON, FL 33414	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	PICAYO, GERALDINE	11790 SAINT ANDREWS PLACE APT 303	<input type="checkbox"/> Add
		WELLINGTON, FL 33414	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	PICAYO, NATALI A	11790 SAINT ANDREWS PLACE APT 303	<input type="checkbox"/> Add
		WELLINGTON, FL 33414	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	DEVESA, DANIEL	11790 SAINT ANDREWS PLACE APT 303	<input type="checkbox"/> Add
		WELLINGTON, FL 33414	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

