415000127783

| (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



000394204010

2022 SEP 12 AN 7: 32

A. BUTLER

DEC - 7 2022

COVER LETTER

| 10: Registration Section Division of Corporations |
|---|
| SUBJECT: MENDES ALLIANCE 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: |
| LUCIOUS MENDES Name of Person |
| MENDES ALLIANCE GROUP LLC |
| 737 BRISTOL FOREST WAY |
| ORLANDO FL 32828 City/State and Zip Code Mendes allign (egroup LLC @gmail. con E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| LUCIOUS MENDES at 718 451-0100 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

ILLIANCE GROUP LOSEP 12

Ited 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 July 27 2015, and assigned Florida document number 4/5000/27783 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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

ORLANDO, Florida 32828

City 7in 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

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> | Address | Type of Action |
|--------------|-------------|---|----------------|
| | | | □Add |
| | | | □Remove |
| | | | Change |
| · | | | □ Add |
| | | | □Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
| | | *************************************** | □ Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | □ Add |
| | | | □Remove |
| | | | Change |
| | | | |
| | | | □Remove |
| | | | □ Change |

| _ | |
|-------------------|--|
| - | NO I just want to REMOVE VALUE TAX |
| - | NO I just want to REMOVE VALUE TAX PREP AS the registered AGENT AND ADD LUCIOUS MENDES AS the New registered AGENT. |
| _ | LUCIOUS MENDES AS THE NEW regISTERED |
| _ | AGENI. |
| _ | Thank You. |
| _ | |
| _ | |
| | |
| - | |
| _ | |
| | |
| _ | |
| | |
| elfd <u>e:</u> | ve date, if other than the date of filing: SCPT 6, 2020 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records. |
| | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ted. |
| d _ | SEPT 6 1. 2022 / |
| | Signature of a member or authorized representative of a member |
| | LUCIOUS MENDES |



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Limited Liability Company MENDES ALLIANCE GROUP LLC

Filing Information

Document Number

L15000127783

FEI/EIN Number

47-4653455

Date Filed

07/27/2015

Effective Date

07/27/2015

State

FL

Status

ACTIVE

Last Event

LC AMENDMENT

Event Date Filed

10/23/2015

Event Effective Date

NONE

Principal Address

737 BRISTOL FOREST WAY

ORLANDO, FL 32828

Changed: 03/31/2016

Malling Address

737 BRISTOL FOREST WAY

ORLANDO, FL 32828

Changed: 03/31/2016

Registered Agent Name & Address

VALUE TAX PREP

902 W LUMSDEN RD

STE 106-

BRANDON, FL 33511

Authorized Person(s) Detail

Name & Address

Title MGRM

MENDES, LUCIOUS W 737 BRISTOL FOREST WAY ORLANDO, FL 32828

I WOULD LIKE to
REMOVE This Agent. Thank You