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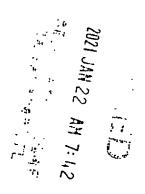
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Special Instructions to Filing Officer:				

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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:		MENTS GROUP LLC	•
30000ET.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LLISMEL O CABRERO		
		Name of Person	
		Firm/Company	
	7225 N OAKMONT DR		
		Address	
	MIAMI, FL 33015		
		City/State and Zip Code	
	INFO@MELSGROUPLLC		
		to be used for future annual report notific	cation)
For further information c	oncerning this matter, please co	all:	
LLISMEL CABRERO		786 290-2110 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S	Section	<u>Street Address:</u> Registration Sect	
Division of Corporations		Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

2021 JAH 22 AM 7:42

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
(A Lorida Dinned	maring company)
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document numberL15000146169	
riorida document number	
This amendment is submitted to amend the following:	
A 16 15	110.
A. If amending name, enter the new name of the limited liab	outy company nere:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	7225 N OAKMONT DR
Trincipal office address most be A STREET ADDRESS	MIAMI, FL 33015
	7225 N. OARMONTE DD
Enter new mailing address, if applicable:	7225 N OAKMONT DR
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33015
B. If amending the registered agent and/or registered office	address on our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

MEL'S INVESTMENTS GROUP LLC

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = MR $AMBR = AR$	anager uthorized Member		The same of the sa
<u>Title</u>	<u>Name</u>	Address	2021 JAN 22 AM 7: 1,2
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fective date, if other than the date of filing	g:(optional)
n effective 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 605.0207 (3)
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ecord specifies a delayed effective date, but not	an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
is filed.	
01/19/2021	
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Nignature of m	nember or authorized representative of a member
LLISMEL O CABRERO	
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