

L16000193472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

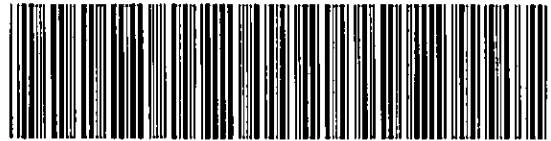
(Business Entity Name)

(Document Number)

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JUL 06 2020

FILED
CLERK OF STATE
CORPORATIONS
20 JUL -6 AM 11:12

Amend/Name Change

AUG 23 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EGM HOLDINGS GROUP VII, 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:

RICK MITCHELL

Name of Person

Firm/Company

4920 NW 165TH STREET

Address

MAIMI GARDENS, FL 33014

City/State and Zip Code

rick@echemco.com

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

For further information concerning this matter, please call:

WAYNE CANNER

305 231-2150

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

FILED
STATE
DIVISION OF
CORPORATIONS
20 JUL -6 PM 1:16

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EGMHOLDINGSGROUP VII, 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 06/30/2020 and assigned

Florida document number L16000193472

This amendment is submitted to amend the following:

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

16480 EGM HOLDINGS GROUP, LLC

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)

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

-----City-----, Florida -----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

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20 JUL -6 PM 11:12
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

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>
COO	Eitelberg J Montarroyos	4920 NW 165th ST	<input checked="" type="checkbox"/> Add
		Miami Gardens, FL 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Amy Montarroyos	4920 NW 165th ST	<input checked="" type="checkbox"/> Add
		Miami Gardens, FL 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an 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)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____, _____.

~~Christina~~

Signature of a member or authorized representative of a member

EITELBERG G MONTARROYOS

Typed or printed name of signee

Filing Fee: \$25.00