## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBAL ACCOUNTING AND TAX PROFESSIONAL CORP

Account Number : 120140000098 Phone : (786)372-1391 Fax Number : (786)762-2589

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

2021 AUG 18 AM 10:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIAMI MONTEREY GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MIAMI MONTER	EY GROUP LLO	C	
(Name of the Limite	d Liability Compan (A Florida Limited Li	y as it now appea	irs on our records.)	
	(A Plotton Cumiced Ci	aninty Company)		- Sept.
The Articles of Organization for this Limited Li	ability Company v	vere filed on	03/17/2017	and assigned
Florida document number <u>L17000062273</u>	, ,	_		and assigned
Piorida document flumoet	<del></del> ·			
This amendment is submitted to amend the follow	wing:			<b>0</b> 390
A. If amending name, enter the new name of	the limited liabil	ity company h	ere:	RO. 17
N / A				<b>~</b>
The new name must be distinguishable and contain the we	ords "Limited Liabilit	y Company," the	designation "LLC" or the at	
Enter new principal offices address, if applica	ahle:	N / A		
(Principal office address MUST BE A STREE			•	
(Frincipal Office dauress MOST BE A STREE.	(ADDRESS)		<u> </u>	
		3		
Enter new mailing address, if applicable:		N / A		
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>			
		<u></u>		· •
B. If amending the registered agent and/or re		ldress on our r	records, <u>enter the nam</u>	e of the new registered
agent and/or the new registered office addres	s bere:			
Name of New Registered Agent:	N / A		<del></del>	
Non-Basistan d Office Address				
New Registered Office Address:		Enter Flo	rida street address	
		City	, Florida	Zip Code
N. D. I.A. Z.A. Alegiana (C.)		CHY		Dip Cons
New Registered Agent's Signature, if changing R	egistered 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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	IRENE G. BRUNO	7500 NW 25TH STREET	□Add
		SUITE # 246	Remove
		MIAMI FL 33122	□ Change
			□Remove
			Change
			□Add
		<u></u>	SECHETA JIVISEDN OF 2021-BUG I
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			□Remove
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			□Add
			□Remove
			□ Change

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		-
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Note:	optional)  ctive date, if other than the date of filing:  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuate fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not not seffective date on the Department of State's records.	nt to 60 be lis	5.0207 ( ted as 1
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th ded.	lay afti	er the
Dated _	AUGUST, 17TH , 2021		
	Sylan,		
	Signature of a member of authorized representative of a member		
	IRENE G. BRUNO		