

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : PINPOINT GUIDANCE INC
Account Number : I20180000092
Phone : (954)371-9511
Fax Number : (954)933-3379

****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 2017 INVESTMENTS LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

2022 JAN -4 AM 10:14

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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1/4

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MP 2017 INVESTMENTS 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:

MARISOL BRAVO

Name of Person

MANAGER

Firm/Company

3400 NE 192nd ST # 505

Address

AVENTURA FL 33180

City/State and Zip Code

sa@pinpointg.com

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

For further information concerning this matter, please call:

MONICA FLORES FERRO

786

436-4349

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 2017 INVESTMENTS 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 DECEMBER 13, 2017 and assigned Florida document number L17000254657.

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)

349 NE 194TH LN

MIAMI FL 33179

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

349 NE 194TH LN

MIAMI FL 33179

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:

MONICA FLORES FERRO

New Registered Office Address:

349 NE 194TH LN

Enter Florida street address

MIAMI

City

Florida

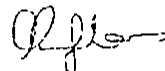
Zip Code

33179

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MONICA FLORES FERRO	349 NE 194TH LN	<input checked="" type="checkbox"/> Add
		MIAMI FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JESSICA MUNOZ BRAVO	3625 N COUNTRY CLUB DR 1508	<input checked="" type="checkbox"/> Add
		AVENTURA FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARISOL BRAVO	3400 NE 192nd ST # 505	<input type="checkbox"/> Add
		AVENTURA FL 33180	<input checked="" type="checkbox"/> Remove
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: 01/03/2022 (optional)

Effective date, if other than the date of filing: 07/03/2022 (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) this date will not be listed as the

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 JANUARY 3, 2022

Signature of a member or authorized representative of a member

MARISOL BRAVO - MGR

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA