

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**L180000024848**

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

From: Account Name : EPGD ATTORNEYS AT LAW, P.A.  
 Account Number : I20140000049  
 Phone : (786)837-6787  
 Fax Number : (305)718-0687

SECRETARY OF STATE  
 TALLAHASSEE, FL  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: eric@epgdlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 MENTIS GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Electronic Filing Menu Corporate Filing Menu Help

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 JAN 23 2020

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mentis 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:

ERIC P. GROS-DUBOIS  
Name of Person

EPGD Attorneys at Law  
Firm/Company

777 SW 37th Ave. Suite 510  
Address

Miami FL, 33135  
City/State and Zip Code

eric @ epgd law.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC P. GROS-DUBOIS at (786) 837-6787  
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



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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change

2020 JAN 22 AM 11:19  
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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TALLAHASSEE, FL

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E. Effective date, if other than the date of filing: 10/10/2019 (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 01/22, 2020

[Signature]  
Signature of a member or authorized representative of a member  
Jacobs Thomas  
Typed or printed name of signor