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## **COVER LETTER**

TO:		stration Sec sion of Corp		·					
C1(D1E/	cur.								
SUBJEC	CI;	Name of Limited Liability Company							
The encl	losed	Articles of A	Amendment and fee(s) are sub	omitted for filing.					
Please re	eturn	all correspor	ndence concerning this matter	to the following:					
			Christian Marin						
				Name of Person					
	e enclosed Articles of Amendment and fee(s) are submitted for filing.  ase return all correspondence concerning this matter to the following:  Christian Marin								
			2295 S. Hiawassee Rd. Ste 401 Address						
			Orlando, FL 32835	Address					
				City/State and Zip Code					
			E-mail address: (	to be used for future annual repo	ort notification)				
For furth	ner int	formation co	ncerning this matter, please ca	all:					
Christian	n Mar			at ( )					
		Name of	Person	Area Code I	Daytime Telephone Number				
Enclosed	f is a	check for the	e following amount:						
\$25.	00 Fi	ling Fee		Certified Copy	Certificate of Status & Certified Copy				

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mach 2 Capital Group, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our recor ated Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/24/2018	and assigned
Florida document number L18000103112		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Mach Capital Group, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	SEC. 2019
	·	
		A THE
Enter new mailing address, if applicable:		AS 5
(Mailing address MAY BE A POST OFFICE BOX)		SE A III
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		n
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ds, <u>enter the name of the ne</u>
	<del></del>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	233
		`lorida
	Cuy	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being add or removed from our records</u>:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			□ Remove
			□ Change
			D Add
			☐ Remove
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<b>Fective date, if other than the d</b> an effective date is listed, the date must b ote: If the date inserted in this bloc becoment's effective date on the Dep	e specific and cannot be prior to a k does not meet the applicabl	date of filing or more than 90 c e statutory filing requireme	_ (optional) lays after filing.) Pursuant to 605,020 ents, this date will not be listed a
e record specifies a delayed of The 90th day after the recor		n effective time, at 1	2:01 a.m. on the earlier o
ated July 5	2019		
	<i>III</i> .	•	
	/// ·		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee