

L18000171718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

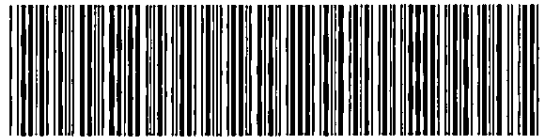
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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no\$



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2018

MARK J RAGOZZINO
6278 N FEDERAL HWY #160
FT. LAUDERDALE, FL 33308

SUBJECT: MJR MANAGEMENT INFO, LLC
Ref. Number: L18000171718

We have received your document for MJR MANAGEMENT INFO, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 718A00020688

2018 NOV 26 PM 1:22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MJR MANAGEMENT INFO, 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:

Mark J. Ragozzino

Name of Person

Firm/Company

6278 N. Federal Highway, #160

Address

Ft. Lauderdale, FL 33308

City/State and Zip Code

mjragozzino@gmail.com

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

For further information concerning this matter, please call:

Mark J. Ragozzino

860 890-6916
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount.

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:

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

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2018 SEP 29 AM 1:45

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

FILED
18 NOV 26 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJR MANAGEMENT INFO, 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 July 17, 2018 and assigned
Florida document number L18000171718.

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)

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

_____, **Florida** _____

City

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, 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	Mark J. Ragozzino	6278 N. Federal Hwy., #160	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL 33308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alise B. Spiegel	6278 N. Federal Hwy., #160	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL 33308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT
NORTH DAKOTA

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

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18 NOV 26 AM 10:10
TALLAHASSEE, FLORIDA

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 August 1 2018

Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

Mark J. Ragozzino

Typed or printed name of signee