2/90000/14280

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FE SAUCE

COVER LETTER

Div	ision of Corpor	rations			
	MR Technolog	gy Group, LLC			
SUBJECT:		Name of Limite	ed Liability Company	-	
		16	Stand for tiling		
		nendment and fee(s) are subm			
Please return	n all correspond	ence concerning this matter to	o the following:		
		Mark Becker			
			Name of Person		
		MR Technology Group			
			Firm/Company	, -	
		5390 SW 7th Ct			
			Address		
		Margate, Fl 33068			
			City/State and Zip Code		
	!	mbecker@mrtechnologvero	un.com o be used for future annual report notificat	ion)	
For further	information cor	neerning this matter, please ca	ill:	1 / C	2018 F. T
Mark Beck	cer		954 995-9616 at ()	<u> </u>	
<u>-</u>	Name of	Person	at ()	dephone Sumber	
					
Enclosed i	s a check for the	following amount:			:27
\$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60 00 Filing Fee, Certificate of State Certified Copy (additional) ppy is en	tus &

MAILING ADDRESS:

Registration Section

TO:

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

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

MR TECHNOLOGY GROUP, LLC				
(<u>Name of the Limited Li</u> (A Flo	ability Company as it now appears on our records.) orda Limited Liability Company)			
-	ty Company were filed on January 14, 2019	and	d assig	gned
orida document number 1/19000014280				
nis amendment is subtraited to amend the following	ā:			
. If amending name, enter the new name of the	limited liability company here:			
e new name must be dista guistable and contain the words."	"Limited Liability Company," the designation "LLC" or the ab	breviatio	on "L.L	.C."
nter new principal offices address, if applicable				
Principal office address MUST BE A STREET AI	DDRESS)			
nter new mailing address, if applicable:				_
<u> Aailing address MAY BE A POST OFFICE BOX</u>	<u> </u>			
-	registered office address on our records, enter	the na	ame o	of the
egistered agent and/or the new registered office	address nerg.	; > ;	٦-	CHEL
			1 (5)	
Name of New Registered Agent:		3 1	<u>_</u>	_!
New Registered Office Address:		····	₹	1
	Enter Florida street address			المريد المالي المريد المالي
	, Florida	ç	27	
	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 statut's 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 not field in writing of this change.

City

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>	Type of Action
MGR	Ronald Oliva Jr.	8830 SW 123 Ct.	Add
		Miami, Fl 33186	Remove
	:		■ Change
	·		
			Remove
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			Remove
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			<u>.</u>	<u> </u>
Effective date, if other than the date in Note: If the date inserted in this	e date of filing: st be specific and cannot be prior to lock does not meet the applica	o date of filing or more than so	(optional) Odays after filing.) Pursu	iant to 605.0207
document's effective date on the	epartment of State's records.	or summery ming require	and the time time	or or noted as
ne record specifies a delaye The 90th day after the re	d effective date, but not ord is filed.	an effective time, a	t 12:01 a.m. on th	ne earlier of
Feburary 4 Dated	2019			
Jaicu		- '		
111				
Maj	Signature of a member or author	ized representative of a men	ıber	

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Filing Fee: \$25.00