

L19000042195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

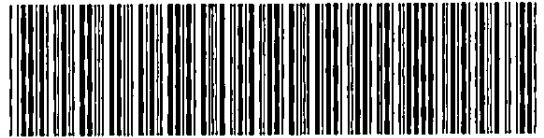
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100405225411

03/27/23--01024--010 **25.00

FILED
2023 MAR 27 AM 11:30
STATE
CLERK
TALLAHASSEE, FL

MULLER KERGER MEDEROS INVESTMENT GROUP LLC

mkm_llc@hotmail.com

Phone: +1 813 507 9570

3652 WINDSONG PL., JACKSONVILLE, FL 32277

March 19th, 2023

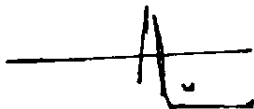
Florida Department of State
Division of Corporations,
P. O. Box 6327,
Tallahassee, FL, 32314

Ref. Articles Amendment;

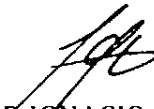
Dear all, Please find attached the following documents, pursuant of Articles
Amendment of MULLER KERGER MEDEROS INVESTMENT GROUP LLC:

- Articles of Amendment Form (signed)
- Annual Meeting Notes (signed)
- Money order for Filling Fee (\$25)

Sincerely,



AMBR TOMAS MULLER KARGER



AMBR IGNACIO MULLER
(Registered Agent)

FILED
2023 MAR 27 AM 11:30
STATE
OFF

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MULLER KERGER MEDEROS INVESTMENT 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:

TOMAS MULLER KARGER

Name of Person

MULLER KERGER MEDEROS INVESTMENT GROUP LLC

Firm/Company

3652 WINDSONG PL.

Address

JACKSONVILLE, FL., 32277

City/State and Zip Code

MKM_LLC@HOTMAIL.COM

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

For further information concerning this matter, please call:

TOMAS MULLER KARGER

at (813) 5079570

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

2023 MAR 27 AM 11:30
STATE
OFFICE

FILED

FILED
2023 MAR 27 11:30 AM
CLERK OF DISTRICT COURT
STATE OF FLORIDA
JEFFREY L. JAMES, CLERK

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

3652 WINDSOND PL, JACKSONVILLE, FL, 32277

3652 WINDSOND PL, JACKSONVILLE, FL, 32277

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

Civ

Zip Code

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 | ALEJANDRO E MULLER KARG | 3644 Daisy Lane, Elgin IL 60124 | <input type="checkbox"/> Add |
| | | | <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 |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
2023 MAR 27 PM 11:30
CLERK OF DISTRICT COURT
STATE OF ILLINOIS

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

(This area is intentionally left blank for amendments. A diagonal line is drawn across the area.)

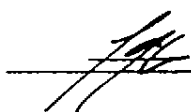
E. Effective date, if other than the date of filing: _____ (optional)

(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 Jacksonville, March 19th, 2023



Signature of a member or authorized representative of a member

IGNACIO MULLER

Typed or printed name of signee

FILED
2023 MAR 27 AM 11:30
FLORIDA DEPARTMENT OF STATE

Filing Fee: \$25.00