

OCT/15/2019/TUE 03:46 PM

FAX No.

P. 001/005

10/14/2019

**L1900030437173**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H19000304371 3)))



H190003043713ABC

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
M PLUS MEDIA GROUP, LLC**

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October 15, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

M PLUS MEDIA GROUP, LLC  
7395 W 19TH COURT  
HIALEAH, FL 33014

SUBJECT: M PLUS MEDIA GROUP, LLC  
REF: L19000082173

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The last page of the amendment is not complete.

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) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

FAX Aud. #: H19000304371  
Letter Number: 819A00021241

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

**FILED**

M PLUS MEDIA GROUP, LLC

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

2019 OCT 15 P 3:20

The Articles of Organization for this Limited Liability Company were filed on 03/25/2019

Florida document number L19000082173

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**)

7435 W 19th CT

HIALEAH, FL 33014

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

7435 W 19th CT

HIALEAH, FL 33014

**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	ANTONIO R. PEREZ	7825 SW 67TH TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33143	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MIDIALA SANCHEZ	1717 N BAYSHORE DRIVE APT 1451	<input type="checkbox"/> Add
		MIAMI, FL 33132	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JOSE M. DOMENECH	10012 NW 7TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
T	ROBERTO URQUIZA	7840 NW 200 TERRACE	<input type="checkbox"/> Add
		HAIALEAH, FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

*[The page contains faint horizontal lines, suggesting it was part of a lined document or notebook.]*

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Dated 10/10 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee