

6/2/2020

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**L19000161279**

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.  
 Account Number : 076770003401  
 Phone : (305)381-8108  
 Fax Number : (305)381-8109

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: GN@ATTORNEYMIAMI.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 SCORESHIELD FINANCIAL GROUP, LLC**

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2020 JUN -3 AM 10:33

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Corporate Filing Menu

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JUN 04 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCORESHIELD FINANCIAL 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:

Alexis I. Marrero Koratich, Esq.

Name of Person

Geoffrey M. Wayne, P.A.

Firm/Company

135 San Lorenzo Ave., PH 840

Address

Coral Gables, FL 33146

City/State and Zip Code

GN@ATTORNEYMIAMI.COM

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

For further information concerning this matter, please call:

Cindy E. Calderon

305

381-8108

at ( )

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

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

**SCORESHIELD FINANCIAL GROUP, 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 06/28/2019 and assigned  
Florida document number L19000161279.

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**

2020 JUN -3 AM 9:33

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	NEXT GEN STRATEGIC GROUP LLC	4100 NE 2nd Ave.	<input checked="" type="checkbox"/> Add
		Ste. 304	<input type="checkbox"/> Remove
		Miami, FL 33137	<input type="checkbox"/> Change
AMBR	SAENZ LANCUBA, IGNACIO	4100 NE 2nd Ave.	<input type="checkbox"/> Add
		Ste. 304	<input checked="" type="checkbox"/> Remove
		Miami, FL 33137	<input type="checkbox"/> Change
AMBR	BROWNE, EARLE ELTON	4100 NE 2nd Ave.	<input type="checkbox"/> Add
		Ste. 304	<input checked="" type="checkbox"/> Remove
		Miami, FL 33137	<input type="checkbox"/> Change
AMBR	SEBASCO, PEDRO E	4100 NE 2nd Ave.	<input type="checkbox"/> Add
		Ste. 304	<input checked="" type="checkbox"/> Remove
		Miami, FL 33137	<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

2020 JUN

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

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

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 603.0207 (3)(b) Filings consistent with this date will not be listed as such.

**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 June 6 2020

*Wesley Kautsch*  
Signature of \_\_\_\_\_

Signature of a member or authorized representative of a member

**Alexis I. Marrero Korañich, Esq. - Authorized Representative of a Member**

Typed or printed name of signee

**Filing Fee: \$25.00**