119000168473

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2020 HAY IT PH 4: 45

Amend

MAY 27 1070 ALBRITTON

COVER LETTER

Registration Section Division of Corporations

TO:

MALDON SUBJECT:	M GROUP LLC.	·	
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JUANA MALDONADO		
		Name of Person	
	JUANA MALDONADO/MALDONM GROUP, LLC. Firm/Company 15230 SW 139TH ST		
		Firm/Company	
	15230 SW 139TH ST		
		Address	
	MIAMI, FL 33196		
		City/State and Zip Code	 -
	E mail address:	to be used for future annual report no	wiff and in the contract of th
For further information	concerning this matter, please c	·	dification)
		at ()	
Name (of Person	Area Code Daytir	me Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOUBLE OF PHIST MALDONM 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 $\frac{06/28/2019}{1}$ Florida document number L19000168473 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 "L.L.C." 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

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.

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>	Address	Type of Action
AMBR	PAUL LAMEIRO	15230 SW 139th STREET	= Add
		MIAMI FL 33196	□Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
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			□ Add
			□Remove
			Change
			DAdd
			Remove
			□Change

Effective date, if other than the date of filing: (optional)						
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Filing Fee: \$25.00