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C. GOLDEN DEC 2 6 2019

COVER LETTER

TO: Registration Section Division of Corporations

MC1 2019, LLC

SUBJECT: ___

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:

JESUS TAMARA

Name of Person

FAA CONSULTING, LLC

Firm/Company

5930 NW 99TH AVE, UNIT 4

Address

DORAL, FL, 33178

City/State and Zip Code

faa_consulting@aol.com

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

For further information concerning this matter, please call:

JESUS TAMARA 786 270-8391 at (_____) 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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2019

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JESUS TAMARA 5930 NW 99TH AVENUE UNIT 4 DORAL, FL 33178

SUBJECT: MC1 2019, LLC Ref. Number: L19000247349

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 919A00024842

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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2015 PTO 20 AN 10: 01

| MC1 2019, LLC | | |
|---|--|--------------------------------|
| (<u>Name of the Limited Ljability Comp</u> (A Florida Limited | nany as it now appears on our record I Liability Company) | <u>(k.</u>) |
| The Articles of Organization for this Limited Liability Compan Florida document number L19000247349 | y were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited lia</u> | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | bility Company." the designation "LLC | 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: | | |
| <u>Mailing address MAY BE A POST OFFICE BOX)</u> | | |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, <u>enter</u> | r the name of the new regis |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addre | <u></u> |
| | | lorida |
| | 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

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MGR = Manager AMBR = Authorized Member

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| <u>Title</u> | Name | Address | Type of Action |
|--------------|-----------------|--------------------------------|----------------|
| MGR | OMAR ABREU MORA | 6799 NW 87 AVE, MIAMI FL 33178 | = Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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| - Effectiv | $\frac{12/01/2019}{(antional)}$ |
| (If an effe | tive 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: 1 | e date, if other than the date of filing: |
| docume | nt's effective date on the Department of State's records. |
| | |
| 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 |
| cord is file | |
| cond no tric | |
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| Dated _ | $\frac{2019}{1}$ |
| | 114 |
| | |
| | Signature of a member or authorized representative of a member |
| | (L |
| | JESUS TAMARA |
| | |

Typed or printed name of signce

Filing Fee: \$25.00