119000255216

(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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R. WHATE.

COVER LETTER

TO: Registration Section

Division of Cor	porations			
MYSTIC G	ROVE LLC			
SUBJECT:	Name of Lim	ited Liability Company		
			ling. ving: of Person Company Idress	
The enclosed Articles of	Amendment and fee(s) are sub	Name of Limited Liability Company Int and fee(s) are submitted for filing. Incerning this matter to the following: If Parker Name of Person		
Please return all correspo	ndence concerning this matter	to the following:		
	Jeffrey Parker			
		Name of Person		
		Firm/Company		
	3076 Aviation Ave			
		Address		
	Miami	FL 33133	•	
	jalanparker@gmail.com	City/State and Zip Code		
		to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Jeffrey Parker		205 3313007		
Name o	f Person	at ()	se Telenhone Number	
Name	11 (1301)	Then code Dayini	ic receptione (value)	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
Mailing Addres Registration S			ection	
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee, l			Fallahassee oe Street, Suite 810	
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Tallahassee, FL 32303



March 16, 2020

JEFFREY PARKER 3076 AVIATION AVE MIAMI, FL 33133

SUBJECT: MYSTIC GROVE LLC Ref. Number: L19000255216

We have received your document for MYSTIC GROVE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 720A00005772

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7020°

MITSHC GROVELLC	232011 27 All 9: 27		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company Torida document number			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
JEFF PARKER CONSULTING LLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	3076 Aviation Ave		
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33133		
Inter new mailing address, if applicable:	3076 Aviation Ave		
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33133		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new re</u>		
Name of New Registered Agent:			
New Registered Office Address:	Par Park and H		
	Enter Florida street address		
	, Florida		
	City Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

MAKERO CDOMETTO

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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
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i effective date te: If the da	, e is listed, the date must be te inserted in this block	e specific and ca c does not me	annot be prior to- et the applicabl	date of filing or mor le statutory filing	e than 90 days after requirements, thi	filing.) Pursuant to 60 s date will not be lis	15.0207 ited as
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