(((H210003383843)))



H210003383643ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PETER MATHISON LLC
Account Number : 128218080152
Phone : (385)528-9343
Fax 'tumber : (786)705-2840

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MCA INVESTMENT ADVISORS GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ALLANASSFEL FORMS

COVER LETTER

From: +17867052040 (TU CONTADOR EN MIAMI)

	gistration Sec vision of Corp				
CHD IECT.		MCA INVESTMEN			
SUBJECT:		Name of Lim	ited Liability Company	Marie Ville	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspor	ndence concerning this matter	to the following:		
		F	ERNANDO VILLARREAI.		
			Name of Person		
PETER MATHISON LLC					MI SEP 13 PH 1:53
			Firm/Company		
		800 :	00 SE 4TH AVENUE, SUITE 139		
			Address	· · · · · · · · · · · · · · · · · · ·	
			HALLANDALE, FL 33009		10 S
			City/State and Zip Code		~, ♥
			TUCONTADORENMIAM		
For further i	information co	E-mail address: (incerning this matter, please c	to be used for future annual rep- all:	ort notification)	
	ERNANDO VI		305 at ()	520-9343	
	Name of	Person		Daytime Telephone Number	
Enclosed is	a check for the	e following amount:			
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Certificate of Certified Co (additional cop	f Status & py
	niling Address egistration S		<u>Street Addr</u> Registratio	ess: on Section	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

MCA INVESTMENT ADVISORS GROUP LLC

From: +17867052040 (TU CONTADOR EN MIAMI)

(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears ated Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Comp Florida document number	oany were filed on	11/25/2019	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited	Liability Company," the de-	signation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:		cords, <u>enter the nam</u> ATHISON LLC	e of the new registere	
	800 SE 4TH AVENUE, SUITE 139			
New Registered Office Address:	Enter Florida street address			
	HALLANDALE	, Florida	33009	
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Ag	gent:			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of n t as provided for in Cl	ny duties, and I am f hapter 605, F.S. Or,	amiliar with and if this document is	

If Changing Registered Agent, Signature of New Registered Agent

奥 4 of 5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

From: +17867052040 (TU CONTADOR EN MIAMI)

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RODRIGUEZ LAVIN.CARLOS E	1001 BRICKELL BAY DR	🗀 Add
		SUITE 2700	≣Remove
		MIAMI, FL 33131	□Change
MGR	CHACIN DUQUE, DEYLUC M	1001 BRICKELL BAY DR	= Add
		SUITE 2700	□ Remove
		MIAMI, FL 33131	
			□Add
			[_]Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			DChange
			□Add
			□Remove
			□Change

	•	B ()	Attach additional she	(2)	I SEP
				<u> </u>	
				1 <u>1111</u>	<u>. 0</u>
••					<u>ن ایک</u> ن
	<u> </u>				<u>r.</u>
		·			
					
	<u>-</u>				
		 			
				,	
-				 	
					
		<u>. </u>			
n effective da te: If the o	te, if other than the date of fate is listed, the date must be specific date inserted in this block does affective date on the Department	and cannot be prior to da tot meet the applicable	ate of filing or more than ?	30 days after filing.) Pursua	ant to 605.0207 of be listed as
ecord speci s filed.	fies a delayed effective date, but	not an effective time,	at 12:01 a.m. on the ca	arlier of: (b) The 90th	day after the
ed	AUGUST, 31 ST	2021			
		· 			
	Signature	of a member or authorize	d representative of a men	nber	

Filing Fee: \$25.00