L20 00000 2497

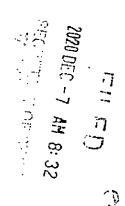
(Requestor's Name)			
(Āddress)			
(Address)			
(City/State/Zip/Phone #)	·· ···		
PICK-UP WAIT	MAIL		
(Business Entity Name)	-		
(Document Number)			
Certified Copies Certificates of Status	·		
Special Instructions to Filing Officer:			





700355803347

12/07/20--01029--028 **25.00



JAA-1/19/21

COVER LETTER

	Registratio Division of	on Section Corporations		
(1 a) as v a 5 co		MC ROD GROUP, LLC	•-	e Se
SUBJEC	T: <u>, </u>	Name of	f Limited Liability Company	
The enclo	osed Article	es of Amendment and fee(s) are	e submitted for filing.	
Please ret	turn all con	respondence concerning this ma	atter to the following:	
		CRISTAL R. RODRIG	GUEZ CALDERON	
		-	Name of Person	-
		THE MC ROD GROU	UP. LLC	
			Firm/Company	-
		3421 FRANKLIN ST		
			Address	-
		FORT MYERS, FL 33	3916	
			City/State and Zip Code	-
		THE.MCROD.GROUP	-	
For furthe	er informat	E-mail addression concerning this matter, plea	ress: (to be used for future annual report notification)	
CRISTAL		RIGUEZ CALDERON	239 246-1860 at ()	
	Na	ime of Person	Area Code Daytime Telephone Number	r
Enclosed	is a check	for the following amount:		
型 \$25.0	00 Filing Fe	ce S30.00 Filing Fee & Certificate of Statu	us Certified Copy Certifica (additional copy is enclosed) Certified	te of Status &
	Mailing Ad		Street Address:	
Registration Section Division of Corporations			Registration Section Division of Corporations	
J	P.O. Box	6327	The Centre of Tallahassee	
	i amanass	ee, FL 32314	2415 N. Monroe Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now annears on our records)	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 120000002497	were filed on 12/20/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or ti	ne abbreviation "L.1.,C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		s: 20
		20 [
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Maning waress MAT DE AT OST OFFICE BOX		<u> </u>
		
B. If amending the registered agent and/or registered office and and/or the new registered office address here:	address on our records, <u>enter the r</u>	ame of the new regist
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida street address	
	Emer i wrate street address	
	, Florida	Zip Code
	Caji	ZIP CORE

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SINARIA PASCUAL	523 FAIRFAX AVE LEHIGH ACRES, FL 33974	≣ Add
			□Remove
			□Change
		**	🗀 Add
			🖾 Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			DChange
			□Add
			□Remove
	· · · · · · · · · · · · · · · · · · ·	□Change	
			DAdd
			□Remove
			□ Change

. If amending any other information,	enter change(s) here: (At	tach additional sheets, if nec	essary.)
			
			 -
			
			
 -			
			
			
. Effective date, if other than the date (If an effective date is listed, the date must be sp Note: If the date inserted in this block dodocument's effective date on the Department.	oes not meet the applicable st	(opti of filing or more than 90 days after atutory filing requirements, thi	onal) r filing.) Pursuant to 605.0207 (3)(t s date will not be listed as the
the record specifies a delayed effective date cord is filed.	, but not an effective time, at	12:01 a.m. on the earlier of: (b	o) The 90th day after the
Dated OCTOBER 28	2020		
CRISTAL R. RODRIGUEZ C		representative of a member	

Filing Fee: \$25.00

Typed or printed name of signee