

1/3/22, 9:21 AM

L2100000-7931

Division of Corporations

# Florida Department of State

Division of Corporations

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To:

Division of Corporations

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From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323)962-8600

Fax Number : (323)962-3889

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SECURITY SPECIALIST & FIREARM SCHOOL L.L.C.

Certificate of Status	0
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JAN 04 2021

A. LUNT

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SECURITY SPECIALIST & FIREARM SCHOOL L.L.C.  
\_\_\_\_\_  
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:

Cheyenne Moseley

\_\_\_\_\_  
Name of Person

Legalzoom.com, Inc.

\_\_\_\_\_  
Firm/Company

101 N Brand Blvd 11th Fl

\_\_\_\_\_  
Address

Glendale, CA 91203

\_\_\_\_\_  
City/State and Zip Code

mentoradvisorsllc@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

800 773-0888

at ( )

\_\_\_\_\_  
Name of Person

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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECURITY SPECIALIST & FIREARM SCHOOL L.L.C.

(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 12/29/2020 and assigned to

Florida document number 121000007931.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Mentor Advisors Equity Group LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

14820 NW 3rd Ave.

**(Principal office address MUST BE A STREET ADDRESS)**

Miami, FL 33168

Enter new mailing address, if applicable:

14820 NW 3rd Ave.

**(Mailing address MAY BE A POST OFFICE BOX)**

Miami, FL 33168

**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*

Florida

*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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Steeve Mentor		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		14820 NW 3rd Ave. Miami, FL 33168	<input checked="" type="checkbox"/> Change
AMBR	Nathalie Mentor	14820 NW 3rd Ave. Miami, FL 33168	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change


[illegible]

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SECRET  
OFFICE OF COMPTROLLER

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/23/2021



Signature of a member or authorized representative of a member

### Steve Mentor

Typed or printed name of signee