

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L21000452723

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000429562 3)))



H220004295623ABC%

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 : ANTONIO ALONSO, PLLC.  
Account Number : 120160009045  
Phone : (305)606-0399  
Fax Number : (305)508-6364

2022 DEC 22 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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

Email Address: m.molina@cbicorporate.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MOLINA &amp; MARQUEZ CONSULTANT, LLC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 1       |
| Page Count            | 05      |
| Estimated Charge      | \$60.00 |

C. BRUMBLEY

DEC 27 2022

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: MOLINA & MARQUEZ CONSULTANT, LLC  
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:

Antonio Alonso, Esq.

Name of Person

Antonio Alonso PLLC

Firm/Company

121 Albemarle Plaza, Suite 1500

Address

Coral Gables, FL 33134

City/State and Zip Code

alonsoa@aaaplaw.com

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

For further information concerning this matter, please call:

Antonio Alonso, Esq.

Name of Person

at ( 305 )

Area Code

(604)399

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 Address:**

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

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

H22000429562 3

**MOLINA & MARQUEZ CONSULTANT, LLC.**

(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 10/18/2021 and assigned  
Florida document number L21000452723.

This amendment is submitted to amend the following:

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

**MM Investment Consulting 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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

H22000429562 3

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

H22000429562 3

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>              | <u>Address</u>              | <u>Type of Action</u>                      |
|--------------|--------------------------|-----------------------------|--------------------------------------------|
| MGR          | ROXANA MARQUEZ DE MOLINA | 8870 WATERCREST CIRCLE WEST | <input type="checkbox"/> Add               |
|              |                          | PARKLAND, FL 33076          | <input checked="" type="checkbox"/> Remove |
|              |                          |                             | <input type="checkbox"/> Change            |
|              |                          |                             | <input type="checkbox"/> Add               |
|              |                          |                             | <input type="checkbox"/> Remove            |
|              |                          |                             | <input type="checkbox"/> Change            |
|              |                          |                             | <input type="checkbox"/> Add               |
|              |                          |                             | <input type="checkbox"/> Remove            |
|              |                          |                             | <input type="checkbox"/> Change            |
|              |                          |                             | <input type="checkbox"/> Add               |
|              |                          |                             | <input type="checkbox"/> Remove            |
|              |                          |                             | <input type="checkbox"/> Change            |
|              |                          |                             | <input type="checkbox"/> Add               |
|              |                          |                             | <input type="checkbox"/> Remove            |
|              |                          |                             | <input type="checkbox"/> Change            |
|              |                          |                             | <input type="checkbox"/> Add               |
|              |                          |                             | <input type="checkbox"/> Remove            |
|              |                          |                             | <input type="checkbox"/> Change            |

H22000429562 3

1422000-429562 3

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 (b)(3)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12 (l) a.m. on the earlier of: (b) The 90th day after the record is filed

Dated December 14 2022 0

Signature of a member, authorized representative of a member

Antonio Alonso, Esq.

Typed or printed name of signee

1122090429552 3

**Filing Fee: \$25.00**