

L21000452723

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.
Account Number : 076770003401
Phone : (305)381-8108
Fax Number : (305)381-8109

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

Email Address: CC@ABOGADOMIAMI.COM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MM INVESTMENT CONSULTING GROUP, LLC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 04 |
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NOV 12 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MM INVESTMENT CONSULTING GROUP, 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:

CINDY E. CALDERON

Name of Person

GEOFFREY M. WAYNE, P.A.

Firm/Company

135 SAN LORENZO AVE., PH 840

Address

CORAL GABLES, FL 33146

City/State and Zip Code

CC@ABOGADOMIAMI.COM

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

For further information concerning this matter, please call:

CINDY E. CALDERON

305 381-8108
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 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**

MM INVESTMENT CONSULTING GROUP, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on L21000452723 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:

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)

135 SAN LORENZO AVE., PH 840

CORAL GABLES, FL 33146

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

135 SAN LORENZO AVE., PH 840

CORAL GABLES, FL 33146

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:

EXCELSIOR CORPORATE SERVICES LLC

New Registered Office Address:

135 SAN LORENZO AVE., PH 840

Enter Florida street address

CORAL GABLES

City

Florida 33146

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.

DocuSigned by:

Goffrey M Wayne

546CFDDC09F846E...

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: E616031A-DEEF-4683-85D5-A6CF3C372E45

In 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
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