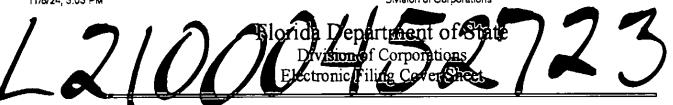
Division of Corporations



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.

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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 : (305)381-8109 Fax Number

\*\*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

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

Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

Help

K. SALY

NUV 1 Z 2024

TO: Registration Sec Division of Corp			
MM INVES	TMENT CONSULTING GR	OUP, LLC.	
SOBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	CINDY E. CALDERON		
	<u> </u>	Name of Person	
	GEOFFREY M. WAYNE	, P.A.	
		Firm/Company	
	135 SAN LORENZO AV	E., PH 840	
		Address	
	CORAL GABLES, FL 33	146	
		City/State and Zip Code	
	CC@ABOGADOMIAMI.		
	E-mail address: (	to be used for future annual report not	ification)
For further information co	ncerning this matter, please c	all:	
CINDY E. CALDERON		305 381-8108	
Name of	Person		ne Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	•	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Page, 4 of 6

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 NOV -8 PM 5: 15

TALLAHASSEE, FLORIDA

MM INVESTMENT CONSULTING GROUP, 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 Liabilit	ty Company w	cre filed on <u>L21000452723</u>	and assigned	
Florida document number L21000452723	·			
This amendment is submitted to amend the following	<b>3</b> :			
A. If amending name, enter the new name of the	limited liabili	ty company here:		
The new name must be distinguishable and contain the words	Limited Liability	Company," the designation "LLC	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		135 SAN LORENZO AVE., I	PH 840	
(Principal office address MUST BE A STREET ADDRESS)  CORAL 6  Enter new mailing address, if applicable:  135 SAN	CORAL GABLES, FL 33146			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register	_	135 SAN LORENZO AVE., 1 CORAL GABLES, FL 33146	· · · · · · · · · · · · · · · · · · ·	
agent and/or the new registered office address her		<u> </u>		
Name of New Registered Agent: EX	EXCELSIOR CORPORATE SERVICES LLC			
New Registered Office Address: 13	5 SAN LOREN	IZO AVE., PH 840		
	Enter Florida street address			
CC	ORAL GABLE	S, F	lorida <u>33146</u>	
		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.

Geoffrey M Wayne

If Changing Registered Agent, Signature of New Registered Agent

11/8Æ024 12:16:12 PM PST (GMT-8) FROM: 3053818109-TO. 18506176383 Docueign Envelope ID: E616031A-DEEF-4683-85D5-A5CE3C372E45

Page: 5 of 6

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or removed from our records:		· KED
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ective date, if other than the done effective date is listed, the date must be: If the date inserted in this blockwards effective date on the Dep	k does not meet tl	he applicable	ate of filing or statutory fili	more than 90 da ing requiremen	(optional ys after filing its, this date	).) Pursuant to will not be	605.020 listed as
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NOVEMBER 8		24					
	Geoffry M	. Wayne					

Filing Fee: \$25.00