

L21000457908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

(Business Entity Name)

(Document Number)

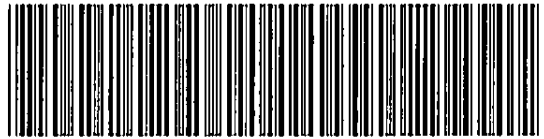
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NME 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:

MARJORIE V ALONSO

Name of Person

N/A

Firm/Company

5155 TANZANITE DR

Address

MOUNT DORA FL 32757

City/State and Zip Code

INFO@NMEGROUPESTORE.COM

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

For further information concerning this matter, please call:

MARJORIE V ALONSO

Name of Person

at (352) 455 3258
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**

NME 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 Liability Company were filed on 10/20/2021 and assigned
Florida document number L21000457908.

This amendment is submitted to amend the following:

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

N.M.E 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)

111 NORTH ORANGE AVENUE

SUITE 800

ORLANDO FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

111 NORTH ORANGE AVENUE

SUITE 800

ORLANDO FL 32801

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:

MARJORIE V ALONSO

New Registered Office Address:

5155 TANZANITE DR

Enter Florida street address

MOUNT DORA

City

Florida 32757

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBERTO J ALONSO REYES	5155 TANZANITE DR	<input checked="" type="checkbox"/> Add
		MOUNT DORA FL 32757	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MELANNIE V ALONSO	10309 NW 9TH STREET CIR	<input type="checkbox"/> Add
		104	<input checked="" type="checkbox"/> Remove
		MIAMI FL 33172	<input type="checkbox"/> Change
MGR	EMELY I ALONSO	10309 NW 9TH STREET CIR	<input type="checkbox"/> Add
		104	<input checked="" type="checkbox"/> Remove
		MI FL 33172	<input type="checkbox"/> Change
MGR	NATHALIE D ALONSO	10309 NW 9TH STREET CIR	<input type="checkbox"/> Add
		104	<input checked="" type="checkbox"/> Remove
		MI FL 33172	<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

[illegible]

(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 (3)(b)

Typed or printed name of signee