

L21000488661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

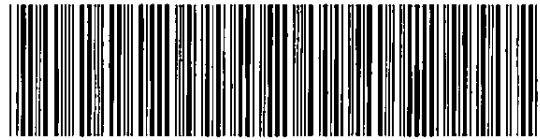
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

NOV - 6

Office Use Only



600438113916

2021 OCT 31 10 50 01

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEGAG 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:

POLIANA RIVERO, ESQ

Name of Person

RIVERO LAW LLC

Firm/Company

19505 BISCAYNE BLVD STE 2350

Address

AVENTURA, FL 33180

City/State and Zip Code

PRIVERO@RIVEROLAWYERS.COM

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

For further information concerning this matter, please call:

POLIANA RIVERO

786

224-5575

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**

MEGAG GROUP LLC

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

2021 11 11 5:01

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 12, 2021 and assigned
Florida document number 121000488661.

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:

7740 SANDY RIDGE DR BLDG 51 UNIT 109

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE, FL 33747

Enter new mailing address, if applicable:

7740 SANDY RIDGE DR BLDG 51 UNIT 109

(Mailing address MAY BE A POST OFFICE BOX)

KISSIMMEE, FL 33747

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:

IM Tax Advisors LLC

New Registered Office Address:

5975 Sunset Drive, Suite 504

Enter Florida street address

MIAMI

City

Florida 33143

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	AVALON INCORPORATORS LLC	2100 PONCE DE LEON BLVD SUITE 860	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIANA DELGADO CARVAJAL	7740 SANDY RIDGE DR BLDG 51 UNIT 109	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 33747	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS ALBERTO REYES GOMEZ	7740 SANDY RIDGE DR BLDG 51 UNIT 109	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 33747	<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

[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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 0403 Feb 17, 2024.

4

Signature of a member or authorized representative of a member

MARINA DELGADO CERVANTES.

Typed or printed name of signee

Filing Fee: \$25.00